PLACE OF DEATH

County Baltimore

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Toloate

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statement of item

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FOR

RESERVE

MARGIN

(No. Leslie Ave. north of Traisce Rd Ward)

23

If more blanks are needed, address State Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give its NAME instend of street and number.)

Baltimore Md.

2FULL NAME

Barbara Baier

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. widowed Married Female White (Write the word) 6 DATE OF BIRTH June (Month) (Day) (Year) 7 AGE IIf LESS that I day, hrs B OCCUPATION (a) Trade, profession or Home particular kind of work (General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Baltimore Maryland (State or country) 10 NAME OF Martin Sellman FATHER II BIRTHPLACE OF FATHER HZ Germany (State or country) 12 MAIDEN NAME Regina Miller OF MOTHER 13 BIRTHPLACE OF MOTHER Germany (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (InformantGeorge Baier (Husband) (Address eslie Ave.near Trappe Ro

| | MEDICAL | CERTIFIC | CATE OF | DEATH | |
|----------------------|--|--------------|-----------------|-------------|-------------|
| 16 DATE | JU | ly 3, | 1932 | (Day) | |
| 17 | HEREBY C | ERTIFY, Th | Lul Lul | y 3 N | eased from |
| that I last | saw hor | alive on | Ques | , 3 | . 1932 |
| and that | death occured | on the date | stated ab | ove, at 10. | 15a.m. |
| The CAUS | E OF DEATH | * was as fol | lows: | | |
| | Pue | mou | 40 | leber | culo, |
| | •••• | (D | ion) V | | |
| Contril Secon | butory | (Durse | ion) | yra wn | 78,,,,, Cl8 |
| | | (Durat | ion) | yrsm | osde |
| (Signed) | 192 | (Address). | | | |
| *St: Violent | te the Disc Causes, state tal, Suicidal or | ase Causing | Death, c | r. in deat | the from |
| | H OF RESI | | Hospital | , Instituti | ons, Trans |
| At place of death | y:smos | ds. | In the State | yrs | .mosde |
| Where was | disesse contrac | eted, | | | |
| Former or | ence | | | | ····· |
| 19 PLACE | OF BURIAL | OR REMOVA | L | DATE OF | BURIAL |
| Oak | Lawn Ce | emetery | Ju | ly 6, | 1932 |
| 20 UNDE | RAKER / | 1/1 | / Ra | TOP FESS | 0 9+ |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as way taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewifc, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation -- Precise statement of ocworked on may form part of the second statement. Physician, report specifically the occupations of persons en-Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on Compositor, For persons who have no occupation (b) Automobile factory. The material Architect, Salcsman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> approved by Committee on telanus) may be stated under the head of "contributory" "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthonia," "Anaemia" (merely symptom-(Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic and consequences (e. g., sepsis, etc. affection need not be valvular Nomenclature of the The contributory heart disease;

If this oertificate is looked over thoroughly and all questions answeigd in detail, it will prevent further correspondence. A I the data is resential and must be obtained before the certificate is permanently filed.

| 4 4 7 | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|--|
| sta UP | 1. PLACE OF DEATH | 93-0 |
| of CC C | County O Sallina Com | Registration Dist. No. 20 |
| item of should of OCC | Village or City Colonsule Mode | No Spine State Howard |
| it so it | Length of residence in cityrar town where death occurredyrs,mos. | death occurred in a horpital or institution, give its NAME instead of street and number) 1 |
| IAN men | 2. FULL NAME Some & Quant B3 | en han |
| O. F SHC :ate | (a) Residence: No. Bell and Para (1) and | O Grand Ward |
| t H | (Usual place of abode) | If nonresident give city or town and State |
| Kac P | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| LY. EX. | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wilcomes | 21. DATE OF DEATH LOS (Day) (Yaar) |
| ned fied | 5a. If married, widowed, or divorced HUSBAND of | |
| A C assifi | (or) WIFE of Bertha believe | 22. HEREBY CERTIFY, That I attended deceased from |
| E X Cl | 6. DATE OF BIRTH (month, day, and year) | I lag saw h. M. aliva on July 1/18 1932 death is said |
| d d | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, 13.29 m |
| IS A PE stated E properly certificate | 71 3 7 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| he so the poly of ce | 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. | Date of onset |
| c—TF fould may back | 9. Industry or business in which work was done, as SILK MILL | Marie Depresaux Byshoses 6-18:3 |
| Sh it in | SAW MILL, BANK, etc | |
| IG I | year) | Dther Coutributory Causes of Importance: |
| NFADING oplied. AGI erms, so tha instructions | 12. BIRTHPLACE (city or town) Kielmen d., VQ., (State or country) | 01. |
| (FA | E 13. NAME LANGSALVANA | Thomas myolo veriles WR. |
| | 14. BIRTHPLACE (city or town). Virginia | Name of operation Date of |
| rH t ly su lain 1 See | (State of country) | What test confirmed diagnosis? Was there an au'opsy? |
| WI ful n p | 15. MAIDEN NAME | 23. If death was dua to external causes (VIOLENCE) fill In also the following: |
| LY, W carefu (TH in portant | 0 16. BIRTHPLACE (city or town | Accident, suicide, or homicide? Date of Injury, 19 |
| rni be EAT im po | (Stata or country) | Where did injury occur? (Specify city or town, county and State) |
| PLAI hould OF DE very i | 17. INFORMANT Warmen Thomas (Address) 858 W. Ballinge St. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| she E O is v | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| | Place Marketin (and Date Huly 1, 1932. | Nature of Injury |
| Matior CAUS TION | 19. UNDERTAKER OF COMMENTAL (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| m l | (Address) 1217 St Paul Dit | If so, specify The Standard The |
| ż | 20. FILED 19 19 Registrar. | (Signed) M. D. M. |
| | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastrocateritis 08 | 1 year |
| | 1.8 | 100 | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS IN INVSICIAN

No.

UŽ. ٧. N. B.

| | OF DEATH Baltimore | | | (46) | STATE OF M | |
|---|---|---|----------------------------------|---|--|---|
| | | | 77 * 17 | | Registration D | ist. No. 30 |
| | Catonsville y | Alice Ann | | 3.α | St.: Ward) | (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERSO | NAL AND STATIST | ICAL PARTIC | ULARS | MEDICA | L CERTIFICATE O | E DEATH |
| 3 sex Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the wor | Married | 16 DATE OF DEATH | July, 3rd. | |
| 6 DATE OF BIS | April 8t | | , 1874 (Year) | 17 I HEREBY | CERTIFY, That I atte | nded the deceased from , 1923 4 |
| 7 AGE | 58 yrs. 2 | mos. 20 c | If LESS than I day hrs. or min.? | and that death occurre The CAUSE OF DEATH | I * was as follows: | above, at 4.30 P. m. |
| (b) General r business, or e which employ | nd of work HOUS nature of industry establishment in yed or (employer) | | | Contributory 7.0. | uma u | yrs |
| 10 NAME (| Ferdinand S | | | (Signed) | (Address) | mosde. M. D. |
| w - | HER Baltimo | ore Md. | | *State the Die Violent Causes, stat Accidental, Suicidal or | case Causing Death, te (1) Means of Injury Homicidal. | or, in deaths from ury and (2) Whether |
| 12 MAIDEN | 16-7 | Hill | | | IDENCE (For Hospita | als, Institutions, Trans- |
| 13 BIRTHP OF MOT (State of | | ore Md. | | At place of deathyrsmo | In the State | |
| 14 THE ABOVE | Arthur C. F | | LEDGE | if not at place of death | |) |
| | catonsvill | le Md. | | MAGNUL STATE | Tall Our | lely 7 1932 |
| Filed 7/ | 193 2 | elm | Registrar | 100 DE DE | Cook | 1003 N. Lats |
| | If more branks are | need andre A | Malousegistra | r, 16 W. Saratoga St., B. | alto., Requesting V. S. | No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion amplies to each and every person, irrespective of laborer, Farm laborer, Laborer—coat name, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the not gainfully em-(6) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol stated unless important. use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure, "Shock," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

V. S. No. 1

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| STATE OF | MARYLA | ND-CERT | IFICATE | OF | DEATH |
|----------|--------|---------|---------|----|-------|
| | | | | | |

| 1 | . PLACE O | F DEAT | TH | | | | 131 | | | |
|---------------|--|--|------------------------------------|------------------------|--------------------------------------|---|---------------|--|---|------------------|
| | County | Bal | timore | | | | | | ation Dist. No. 32 | |
| | Village or | | | | | | n a hospital | | NAME instead of street as | |
| | | | | | | as. | How long In | U.S. If of foreign birt | h?yrs | _mosas. |
| 2 | . FULL NA | | William ' | | | | | | | |
| | (a) Reside | nce: No | Oak | Avenue (Usual place | of shods) | St., | Ward. | If nonre | sident give city or town | and State |
| | PERSOI | NAL AN | D STATISTI | | | | MEDIC | | ATE OF DEATH | |
| 3. 5 | SEX Male | 4. COLO | R OR RACE White | | RIED, WIDOWED, D (write the word) | 21. DATE | OF DE | July (Month) | 11th, | , 193? (Yeer) |
| 5a. | If married, wido HUSBAND of (or) WIFE of | | na Belt | | | 22. No: | | EBY CERT | IFY. That I attend July 11, | ed deceased from |
| 6. 1 | DATE OF BIRTH | (month, day | and year) | Noveml | per 8, 1852 | | | | 10 ,19 | |
| | AGE Ye | ars 79 | Months 8 | Days 2 | If LESS than I day,hrs. ormin. | | AL CAUSE | ate statad above, at OF DEATH and related | 6:15P m. d causes of importance | Date of onset |
| NOCCUPATION 2 | 9. Industry or work with SAW MI | businass in as done, es S ILL, BANK, e sed last wor upation (mor | ILK MILL, S tcked at ith and | spe occ | ima (years) nt in this upation | | | * | hritis | |
| | (State or con | untry) | Mar | yland | | | | | *************************************** | |
| FATHER | 13. NAME 14. BIRTHPLAC (Stete o | | Dorsey B wn)Ma | elt ryland | | | | | ion Date o | |
| MOTHER | 15. MAIDEN N 16. BIRTHPLAC (Stete o | | | th Belt aryland | | 9 | cide, or homi | cide? | CE) fill in also the follow | , 19 |
| | (Address) | | rles E. Pikesvi | | | Spacify whet | her injury oc | curred in INDUSTRY, | city or town, county and in HOME, or In PUBLIC | PLACE. |
| 18. | BURIAL, CREMA | id Rid | | Date July | 13, 19 32 | | | | | |
| | UNDERTAKER _ (Address) | | Marsha | ls Rd. | Nichola | 24. Was disease If so, specify (Signed) | | any way related to | occupation of decaased? | M D |
| 20. | FILED JULY | 149,1 | ,32 Dr | a Lie Lie | Paristra | (Signed) | Address) | Pikesvi | lle, Md. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL S | SPACE F | OR : | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|---------|------|---------|------------|----|-----------|
|--------------|---------|------|---------|------------|----|-----------|

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 60 | phy. | B | sully | 10 |
|------|------|------|-------|----|
| - 11 | 1 | 4 | 6 | |
| U | 191 | -25- | 40 | ~ |

| 1. PLACE OF DEATH | 95-E) |
|---|---|
| County Baltimore | Registration Dist. No. 43 |
| Village or City Raspeburg | No. Westwood Ave. St., Ward |
| Length of residence in city or town where death occurredyrs, | (If death occurred irr a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Annie J. Biddison | |
| (a) Residence: No. Westwood Ave. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Female 4. COLOR OR RACE OR DIVORCED (write the word) Widowed Widowed | July 22 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of Jesse C. Biddison | 22. July HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, end year) Nov. 28. 1861 | i last saw here alive on July 21 ,1933; death is said |
| 7. AGE Years Months Days If LESS that | 111 |
| 70 7 24 1 day, ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc At Home 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md. | Ocapair, hear disen |
| 置 13. NAME Peter Zang | |
| 13. NAME Peter Zang 14. BIRTHPLACE (city or town) (State or country) Germany | Name of operation Dete of Dete of What test confirmed diagnosis? Was there an autonsy? |
| 置 15. MAIDEN NAME Unknown | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) Balto. Co. (Stete or country) Md. | Accident, suicide, or homicide? |
| 17. INFORMANT Hugh A. Biddison (Address) Raspeburg, Md. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date July 25, 19 | Manner of injury |
| 19. UNDERTAKER FIRST GETICK Jassafmi Jones (Address) 7401 Belair Road | 24. Was disease or injury in any wey related to occupation of deceased? If so, specify |
| 20. FILED 7/23, 1932 D. C. Tuty | (Signed) M. D. (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis | 1 week ago 1 week ago 3 days ago |
|---|----------------------------------|
| | |
| Peritonitis | 3 days ago |
| | |
| Other contributory causes of importance: | 1 year |
| A | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|-------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis E-CEIVE | 1915 | Attack of epilepsy | 1 week aga |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week aga |
| Cerebral hemorrhage AUG 6 1932 | July 5,1927 | Peritonitis | 3 days ago |
| SUREAU V. | S. (| | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| | PLACE OF DEATH County | STATE OF MARYLAND CERTIFICATE OF DEATH |
|-------|--|---|
| / | P | Registration Dist. No. 40 |
| | Village or City Longreen (No. 2FULL NAME Cornal G. Bri | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 202 | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 2 | Septe 12, 1846 (Month) (Day) (Year) | that I last aw have alive on 192 192 192 192 192 192 192 192 192 192 |
| 200 | 7 AGE Solver Month) (Day) (Year) 1 day hrs. or min.? | and that death occurred on the date stated above, at |
| | o OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry | Al Broncho-Jesumania Cut 9. |
| talli | business, or establishment in which employed or (employer) | (Duration) yrs. mos ode. |
| | 9 BIRTHPLACE (State or country) | Contributory Condary Duration Vis. mos. Ads. |
| 1000 | 10 NAME OF FATHER | (Signed) My My M. D. |
| | OF FATHER (State or country) 12 MAIDEN NAME | State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of MOTHER Whenous | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| 5 | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| | (Informant) John Frankrige (Address) Longue Wid. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 300 | Filed July \$ 49232 7. 2. 1/ Grands | 20 UNDERTAKER C. attur Forh Wd. |
| | If more banks are needed, address State Registrat | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

100 LOCA

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the state occupation at beginning of illness. If retired from that occupation at beginning of illness. If retired from the state occupation at beginning of illness. If retired from the state occupation at beginning of illness. If retired from the state occupation at beginning of illness. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation g ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a r," etc., Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Tranition," "Heart failure," "Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERFERAL perilonitis, diseases resulting from childbirth or miscarriage tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Americau Medical Association.) approved by Committee on Nomenclature lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephritis, Whooping Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; affection need not be etc. The contributory Always qualify all " elc.

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| MARGIN RESERVED FOR BI | 6 | mation should be carefully supplied. AGE should be stated E | CAUSE OF DEATH in plain terms, so that it may be properly of | TION is very important. See instructions on back of certificate. |
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| V2 | - | | | |
| V. S. No. 1 | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER | | | |

| STATE OF MARYLAND—CERTIFICATE OF DEATH | | |
|---|---|--|
| 1. PLACE OF DEATH | £2-0 | |
| County O Saltiniere Count | Registration Dist No. | |
| Village or City Catorsuile md | (ND. Shing Severe State 180 shot | |
| Length of residence in city or town where death occurred | death occurred in a horpital or institution, give its NAME instead of street and number / ds. How long in U.S. If of foreign birth? | |
| 00.00 0 0 | | |
| 2. FULL NAME CLIPTON 13 Mas | her Correct - Brashears | |
| (a) Residence: No. 1 Sallismus (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | |
| Male White Snigle | (Month) (Day) (Yoar) | |
| 5a. If married, widowed, or divorced HUSBAND of | 22. \ HEREBY CERTIFY, That I ettended deceased from | |
| (or) WIFE of Single | June 30 1932 to July 7 1932 | |
| 6. DATE OF BIRTH (month, day, end year) | Hast av h. im alive on July 09 1932; deeth is said | |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, al. 15 P.m. | |
| 40 4 9 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: | |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. | | |
| SAWYER, BDDKKEEPER, etc | 0-1000 | |
| kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and | Carlow Curtolis Ida | |
| | | |
| year) occupation WYV | Dther Coutributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) M. aryland | | |
| (State or country) | acute Deliviem | |
| E | Munkumon Cause 8day | |
| 14. BIRTHPLACE((Jity or town) | Name of operation Date of | |
| # 15. MAIDEN NAME Family QQuerry | What test confirmed diagnosis? Was there an auropsy? N & | |
| 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? | |
| (State or country) | Where did injury occur? | |
| 17. INFORMANT Ustin Brashears | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| (Address) Pllicatt City md. | | |
| 18. BURIAL CREMATION, OR REMOVAL Place Luly 10, 19 3 2 | Manner of injury | |
| F A Date 19 19 19 19 19 19 19 19 19 19 19 19 19 | Nature of injury | |
| 19. UNDERTAKER OSLOW ASILO | 24. Was disease or Injury in any way related to occupetion of deceased? | |
| (Address) Ellieath Olli | If so, specify (Signed) | |
| 20. FILED 19 Registrar. | (Ardress) Daton surle 8n' | |
| | 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Ex | ample I | | Example II | |
|--|--|--------------|--|---------------|
| The principal cause of death and related causes Date of onset of importance were as follows: | | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1820 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | VIR. A Leas | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | 1 12 5 E | July 5, 1927 | Peritonitis | 3 days ago |
| | ROKET | 6 | | |
| | The second secon | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER S | STATEMENTS | BY | PHYSICIAN |
|--------------------------------|------------|----|-----------|
|--------------------------------|------------|----|-----------|

If more blands are needed address Salte Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

| STATE OF MARYLAND- | CERTIFICATE OF DEATH |
|---|--|
| EATH . | (82-a) |
| eltemore | Registration Dist. No. 3 Q |
| | death occurred in a hospitalor institution, give as NAME instead of street and number) |
| In city or town where death occurredyrs6mos | |
| Edward Brisco | |
| 0. lenknown | St., Ward. |
| (Usual place of abode) AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| OLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| OR DIVORCED (write the word) | July 28 1982 (Yoar) |
| divorced | 22. 2 I HEREBY CERTIFY. That I attended deceased from |
| lengle | Juny 21 1932 - July 28 1932 |
| day, and year) July & 1850 | Hast saw he alive on Jely 286, 1932, death is said |
| Months Days If LESS than | to have occurred on the date stated obove, at 6 A ni |
| 0 20 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| or particular one, as SPINNER | |
| SKEEPER, etc. Ss in which , es SILK MILL, | frenchal Henoshaer I Rom |
| NK, etc. | |
| worked at (month and spent in this occupation | |
| | Other Contributory Causes of importance: |
| Illand | asteria Solomois Ceram |
| ohn Briscos | |
| or town) | Name of operation |
| (y) or sland | Whet test confirmed diagnosis? Was there en autopsy? |
| Margaret Flenn | 23. If death was due to external causes (VIOL ENCE) fill in elso the following: |
| or town) | Accident, suicide, or homicide? |
| | Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| une process | open, mether many country in the country, in the many of the force. |
| OR REMOVAL State Hope | Manner of injury |
| 7 Date 7 - 10 ,1932 | Neture of injury |
| wing From Stand Hot | 24. Was disease or injury in any way related to occupation of deceased? |
| 2011 | If so, specify |
| Registrar. | (Signed) M. D. (Address) Catonographics (Address) |
| Kegistrar. | The state of the s |

S. No.

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| Ex | ample 1 | | Example II | |
|--|----------------|-------------|--|---------------|
| The principal cause of death and related causes Date of onset of importance were as follows: | | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | AUC 5 180 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 19051 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | EUREAU V | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| nt of OCCUPA. | 1. PLACE OF DEATH Count Saldern on Village or City Spanows int Length of residence in city or town where death occurred yes most | No. 1250 Registration Dist. No. No. 1250 Registration Dist. No. Registration Dist. No. No. 1250 Want f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. of of foralgn birth? yrs. mos. ds. |
|---|---|--|
| ict statement | 2. FULL NAME Atall tom infant (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| xact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Œ | 2. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) | 21. DATE OF DEATH (Month) (Month) (Year) |
| lassified. | %. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of | 22. I HEREBY ERTIFY, That I attanded deceased fro |
| cl e. | 6. DATE OF BIRTH (month, day, and year) Lucy 3 . 1932 | I last saw h aliva on |
| properly certificate. | 7. AGE Years Months Days If LESS than 1 day, hrs. | to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onse |
| be of | 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc | still bin infant |
| it may n back | work was done, as SILK MILL, SAW MILL, BANK, atc. | 21/2 no |
| t it on | 10. Date deceased last worked at this occupation (month and spent in this | |
| erms, so that instructions | 12. BIRTHPLACE (city or town) Banaus Grav | Other Contributary Causes of Importance: |
| ms, ıstru | (State or country) | - |
| OF DEALM in plain terms, very important. See instru | 13. NAME (VETT OVOOR) 14. BIRTHPLACE (city or town) | Name of operation Date of |
| 92 | (State of county) | What test confirmed diagnosis? Was there an autopsy? |
| in i | 15. MAIDEN NAME omilla Lanham | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| EATH in p important. | o 16. BIRTHPLACE (city or town) | Accidant, sulcide, or homicide? |
| mpd | (Stata or Sounlry) | Where did injury occur? (Specify city or town, county and State) |
| very in | 17. INFORMANT Carrilla Trooks (Addrass) Phanous Pinu | Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE. |
| 30 | 18. BURIAL, CREMATION, OR SEMOVAL Olivota Hopshin, 19. | Manner of Injury |
| TION is | 19. UNDERTAKER IN Joseph - Lat. | 24. Was disease or injury In any way related to occupation of deceased? |
| | 20, FILED Caly 5, 132 / JUS om Dex Ma | (Signary Jongle) Millormer M |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURNATT V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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| i | i | | 07482 |
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| | | PLACE OF DEATH | STATE OF MARYLAND |
| | F 3 | County Balt. | CERTIFICATE OF DEATH |
| certificate. | | D · n /s | Registration Dist. No. 44 |
| | Vil | llage or City Nosemble (No. /2 | Ward) (If death occurred in a hospital or institution, give its NAME it |
| | _ | 2FULL NAME Frederick a. | Dysenherd stead of street and number.) |
| | | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| back of | 9 | Male White (Witte the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| d no | 6 1 | DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the decessed from |
| | | May 12, 1857 | 192 2. to 1982 |
| structions | | (Mooth) (Day) (Year) | that I last saw h Malive on My (5 , 1952, |
| Lot | 7 / | AGE If LESS than | and that death occurred on the date stated above, at |
| stri | 7 | 75 1 day hrs. | The CAUSE OF DEATH * was as follows: |
| See In | 1 | OCCUPATION a) Trade, profession or sarticular kind of work | My or archae Susaffe |
| C | 1 | b) General nature of industry | and the large of t |
| tan | | business, or establishment in Which employed or (employer) | (Duration) yrs. 2 mos. ds. |
| importan | - | BIRTHPLACE (State or country) Germany | Contributory Secondary (D@ration) yts mos ds. |
| very | | 10 NAME OF Bysenherdt. | (Signed) M. D. |
| 8 | TS. | 11 BIRTHPLACE OF FATHER | 192. (Address) |
| 0 | Z | (State or country) ymany | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| PAT | PAR | 12 MAIDEN NAME NOT BROWN | 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- |
| 20 | | 13 BIRTHPLACE (| At place In the |
| 00 | | (State or Country) | of deathyrsmosds. Stateyrsmosds. Where was disease contracted, |
| 0 | 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| ent | | (Informant) George Busenherdt | Former or usual residence |
| 8 | | (Address) Henwood Are. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| state | 15 | | 20 UNDERTAKER ADDRESS 111 |
| | 15 | Filed July 9 1932 Alm S. Connelly Registrer | Ins. 6. Wille ton 2334 fefferon |
| | | If more bianks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| PLACE OF DEATH | 07488 STATE OF MARYLAND |
|--|---|
| County Balta . Co. | GERTIFICATE OF DEATH |
| But But | Mer Ell Registration Dist. No. 1/3 |
| 2FULL NAME Anna Marie Cal | Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 2 7 , 1923 2 |
| 6 DATE OF BIRTH BOULD (Day) (Year) | HEREBY CERTIFY, That I attended the deceased from |
| 7 AGE | and that death occurred on the date stated above, at 0 9 m. |
| 9// /3/ - I day hrs. | The CAUSE OF DEATH * was as follows: |
| Cloud yrs. mos. ds. or min.? | |
| (a) Trade, profession or particular kind of work Book - Rufelt | Cardio- Jephson |
| (b) General nature of industry business, or establishment in | |
| which employed or (employed) aw farm. | (Duration) yrs mos 30 ds. |
| 9 BIRTHPLACE (State or country) Baltimore. Ind. | Contributory Calley Secondary (Durstion) |
| 10 NAME OF Robert N. Calvert, Sts. | (Signed) Sustaine 9 S.J. M. D. |
| of FATHER (State or country) and arundel Co, Ind. | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Hounce L. Crowthis | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Baltimore, Ind. | At place In the of deathyrsmosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Mr. Robert Y. Cabret, Sr. (Lother) | Former or usual residence |
| (Address) Cocheysville, Md. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 Filed 7/28 19232 SM. Filed Registrer (| Stewart Mourn Co., 108-W- north an. |
| If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Balto, City. |

07488

(Approved by U. S. Census and American Public Health Association.)

en at home, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more processor and etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) lelanus) may be stated under the head of "contributory." as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory Whooping cough; or as probably such, if impossible to determine definitely. (secondary unqualified, is indefinite); Tuberculosis of lungs, menor intercurrent) affection need Chronic valvular heart disease; and consequences (e. g., sepsis, not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

Chair Red

| N. | N | PHYSI- Exact |
|--|---|--|
| 3201 M. | RECORD | erly classified |
| INDING | PERMANAT | hould be state it may be prop on back of ce |
| MARGIN RESERVED FOR BINDING 3201 M. J. | WRITE PLAINLY, TH UNFADING INK THIS IS A PERMANNIT RECORD | Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| SIN RESER | ADING INK- | ATH in plain timportant. Se |
| MARC | L'H UNF | tion should by AUSE OF DE |
| • | E PLAINLY, | ould state C |
| No. 1 | - WRIT | CIANS sh |

| PLACE OF DEATH County_Baltimore | | 82-0 | CERTIFI | OF MARYLAND CATE OF DEATH tration Dist. No. |
|---|---|---|---|--|
| Village or City Pinehurst 2FULL NAME WIL | (No. 100 Thic | | St.: | Ward) (If death occurred a hospitel or institution, give its NAME istend of street er number.) |
| PERSONAL AND STATIST | ICAL PARTICULARS | ME | DICAL CERTIFI | CATE OF DEATH |
| Male White B DATE OF BIRTH S DATE OF BIRTH Male White B DATE OF BIRTH Month 7 AGE 70 yrs. S Month 7 AGE 70 yrs. S Month 7 AGE 8 OCCUPATION (a) Trade, profession or particular kind of work Pain (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME NEW 12 MAIDEN NAME | MARRIED, Married WIDOWED, OR DIVORCED (Write the word) 1. 19,1862, I (Year) If LESS than I day hrs or min. Store Prop. Store Prop. Stired 12 Years Married Years In the word In the | that I last saw hand that death of The CAUSE OF I | (Dura Discase Causing a, state (1) Mearidal or Homicidal. RESIDENCE (Font Residents) | ation) Death, or, in deaths from sof Injury and (2) whether the State of the state |
| (Informant) 100 Thick | | Parkwood | JRIAL OR REMOVA | July.5,1938 |
| Fileduly 5 1952 | Registra) | HENRY SAN | DER & SONS | |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Physician, Compositor, Architect, Locomolive engineer whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed en at home, r," etc., For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the -Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Meusles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., efc., efc...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Committee on Chronic Example: Measles (disease etc. affection need valvular Nomenclature of The contributory Always qualify all heart not be disease;

auswered in detail it will devel further correspondence. A I the data is essential to will devel further correspondence. A I the data is essential to white be obtained before the cartificate is permanently filed.

B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact classified of continue of property of certificate. RECORD BINDING ITH UNFADING INK---THIS IS A PERMA MARGIN RESERVED FOR WRITE PLAINLY,

25

| PLACE OF DEATH | STATE OF MARYLAND |
|---|--|
| County Pallmers | CERTIFICATE OF DEATH |
| Village or City Monkton M. (No | St: Ward) St: Ward) (If death occurred in a hospitel re institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 COLOR OR RACE 5 HINGLE, MARRIED, WILDOWED. CR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH June 9 1882 | 17 I HEREBY CERTIFY, That I attended the deceased from 1924 to 1922 that I last saw h L alive on 1922 |
| (Month) (Day) (Year 7 AGE 50 yre | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry | |
| business, or establishment in which employed or (employer) | Contributory Dat Quality Brown de Contributory (Duration), yre mos 2 de |
| 10 NAME OF Solward Dehvate | (Signed) 102 4 pt 2 feet of M. D. M. D. M. D. Janes J. 1922 (Address 320) Gerreson D. |
| OF FATHER (State or country) OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of death |
| (Informant) | if not at place of death? Former or usual residence. |
| (Address) 3502 Auchentovoloffer | Melive Kandallston July 39 |
| 15 Filed my 24 1982 BB Berney Registra) | Intramos of 224 Abha |
| If more blanks are needed, addross State Registran | r, 16 W. Saratoga St., Balton, Requesting V. S. No. 1 |

07485

(Approved by U. S. Census and American Public Health Association.)

en at home, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As cramples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, c.g., Farmer or Planter, tion applies to each and every person, irrespective of worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Nanager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write Nane. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Or Farm laborer, 7 without more precise specification as Day Home, and children, not gainfully emwho are engaged in the duties of the Stationory fireman, etc. But in many (b) Automobile factory. The material Laborer--Coal minc, etc. Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"; bar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcustas; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," elediseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping tclanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolia acid - probably suicide. accident; Revolver would of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory The nature of the injury, Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in iderall, it will prevent further correspondence. A I the data is essent al and must be obtained before the certificate is permanently filed.

| state UPA- | STATE OF MARYLAND— | CERTIFICATE OF DEATH 07486 |
|--|--|---|
| st UP | 1. PLACE OF DEATH | 129 |
| uld | County Ballingon | Registration Dist, No. |
| should of OCC | Village or City por Court | No. 6 9 H Nost St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| NS ut | Length of residence in city or town where death occurredyrsmos | |
| PHYSICIANS ct statement | 2. FULL NAME Mais Jones Cl | ay |
| SIC | (a) Residence: No. 109 X Y Stout | S. Ward. |
| t s | (Usual place of abode) | If nonresident give eity or town and State |
| Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 2 7 | SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| SS | 5a. Il married, widowed or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| | | 1952, to 1952, to 1952 |
| stated EX properly cla | 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 17: 101m. |
| stated proper ertifica | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| sta pro | 8. Trade, profession, or particular | were as follows: Date of onset |
| be of | kind of work done, as SPINNER, | Das too en textes |
| | 9 Industry or business in which work was done, as SILK MILL. | |
| | SAW MILL, BANK, etc. 11. Total time (years) | |
| (E) +0 | this occupation (month and spent in this year) | |
| 4 + 0 | Kran one | Other Contributory Canses of importance: |
| l. so ucti | 12. BIRTHPLACE (city or town) (State or country) | |
| y supplied ain terms, See instru | 13. NAME LAND ALLEY. | |
| upp ter | 13. NAME United to the Control of th | Name of operation |
| •= 70 | 14. BIRTHPLACE (city or town) (State or country) | Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy? Determine the confirmed diagnosis? |
| = = . | E 15. MAIDEN NAME Of orac Chreatian | 23. If death was due to external causes (VIOL ENCE) fill In elso the following: |
| a 4 | 15. MAIDEN NAME 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury 19 |
| d be ca DEATF impor | ∑ (State or country) . Vay • | Where did injury occur? |
| BUN | 17. INFORMANT Book Broads | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Shoul OF 1 | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| | Place lisbury Cernoly Date July 20 , 1930 | Nature of injury |
| mation s CAUSE TION is | 19. UNDERTAKER S.W. Chase & Son (Actives) 6382 Gilanes St. Ballo m | 24. Was disease or injury In any way related to occupation of deceesed? |
| à ż | 20. FILESKULY 20, 132 / Holomian | If so, specify (Signed) M. D. M. D. |
| (7) | Registrar. | (Address) 121 Eye 2 Trail. |
| | 1f more blanks are needed, address State Registrar, | 2412 N. Charles Street, Baltimore, Requesting Q. S. No. 1. |

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| H 416 6 | | | |
| 11 5 5 5 1 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| Robert Joule - sterefather. | |
|-----------------------------|--|
| | |

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth? ______mos.____mos.____ Length of residence in city or town where death occurred statement 2. FULL NAME -RECORD, (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) (Month) (Year) classified. CTI 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of PERM. EX 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Days Months If LESS than to have occurred on the date stated above, at 6 stated 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onset 8. Trade, profession, or particular CUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo back may Industry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, etc..... Date deceased last worked at On 11. Total time (years) this occupation (month and spent in this that year) occupation instructions Other Contributory Causes of Importance: S 12. BIRTHPLACE (city or town (State or country) terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) in plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy? OTHER important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ... should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury AUSE mation Nature of injury LION 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

RESERVED

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BURRAN V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| of the last | | | | |
|-----------------------------|--|---|--|--|
| M | WHAH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | n plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
| | Jo | ıld | CC | |
| | em | hou | 0 | |
| | i i | מט | 0 | |
| | ery | Y | ent | / |
| | E | CL | tem | / |
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| NG | E | 1 | fied | |
| DI | (A) | AC | 1881 | |
| Z | RE | X | cla | - |
| M | PI | H | rly | cate |
| OR | A | ate | obe | tif. |
| 1 | I IS | st | pr | cer |
| ED | HIS | be | be | of |
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| 田田 | VK. | sho | it n | - u |
| 岛 | H | Œ | at | 0 |
| H | NG | AG | th e | ion |
| Z | ADI | d. | 3, Se | FILE |
| RC | E | plie | rms | ns. |
| MARGIN RESERVED FOR BINDING | D | dns | te te | nt. See instructions on back of certificate. |
| | H | ly s | lair | V. |
| | W | ful | d u | nt |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 131) |
| County Distlimore | Registration Dist. No. |
| Village Dr City Munkstan Ital | NoSt.,Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds |
| GIN KATI | 12.6 |
| 2. FULL NAME Afterdares Interpreted | N. Coce |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| N 10 1877 | I last saw h A alive on July 8 19 2 death is sain |
| AGE Years Months Days If LESS than | I last saw h |
| 54 10 18 1 day, | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Advisemble SAWYER, BOOKKEEPER, etc. | Turning Kerenchymalas |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Idustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month and | |
| 10. Date deceased last worked at this occupation (month and year) | |
| Mary V. V | Other Contributory Causes of importance: |
| 2. BIRTHPLACE (city or town) Classes (State or country) | Jesmina Clima |
| 13. NAME John 6. Letzinger 14. BIRTHPACE (city or town) Hartford Co. | - E |
| 14. BIRTHPLACE (city or town) Hartford Co | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 16. BIRTHPLACE (city or town). Baltinge | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) 13 alterative | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) Maryland | Where did injury occur? (Specify city or town, county and State) |
| 7. INFORMANT dawa & Retaininger (Address) Monkton my | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 8. BURIAL, ORGUNTION, OR RESTOVAL | Manner of injury |
| Place Mo Carmel Date July 11, 1932 | Nature of injury |
| 9. UNDERTAKER Welo Brooks & Son | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) sparks ma | |

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|--|---------------|-----------------|--|-----------------|
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 78 9 911 | 3 days ago |
| | | | GEVED | |
| Other contributory causes of importance: | | Other contri | butory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 3 | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH | IYSICIAN |
|---|----------|
|---|----------|

| 1. PLACE OF BEATH | | <u> </u> | | 30 |
|--|---|------------------------------|--|------------|
| country of the | | | Registration Dist. No | 500 |
| Village or City | | No. | nstitution, give its NAME instead of stree | t., |
| Length of residence in city or town where death og | | | if of foreign with?yrs | mes] |
| 2. FULL NAMES WILL L | asy Still | / Kf / layor | would Wares | Co |
| (a) Residence: No. Oll | - | St., Ward. | 7 | |
| | Jsual place of abode) | J.St., Dard. | If nonresident give city or low | n and Stat |
| PERSONAL AND STATISTICAL | PARTICULARS | MEDICAL | CERTIFICATE OF DEAT | гн |
| S. SEX ALL 4. COLOR OF RACE OR | GLE MARTIED, WIDOWED, | 21. DATE OF DEAT | (Month) (Day) | , 19 |
| 5a. If married, widowed, or divorced | | A | 1.1 1 | |
| HUSBAND of (or) WIFE ot | | 22. I HERE | CERTIFY, That atte | 2 dece |
| a party of pipers (the second) | 10 | t last saw h _ alive or | المسر | : de |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months | Days LESS than | to have occurred on the date | OST. | , 00 |
| July 1 | I day,hrs | The PRINCIPAL CAUSE OF | DEATH and related ceuses of importance | , |
| _ 8. Trede, profession, or particular | ormin. | were as follows: | | Da |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | (| 0.1 | Must to | |
| | | Jul | | |
| A dustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | | | | |
| O Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | | | |
| , you) | occupation | Dther Coutributory Causes of | Importance: | |
| 12. BIRTHPLACE (city or town) (State or country) | | | | |
| | Helo | | | |
| E . / / 00 | 10 | | mon | |
| (State or country) | TKII KALL | Name of operation | Date | e of |
| | -0/-0-1 | | s? Was the | |
| = / /20 | oney | 7 | al causes (VIOL ENCE) fill in also the fol | |
| 2 16. BIRTHPLACE (city or town) (State or country) | aryland | Where did injury occur? | e? Date of injury | |
| Aguara pull | 20 8 | | (Specify city or town, county ar | nd State) |
| 17. INFORMANT (Address) | 011- 8511 | Speens whether mjury occur | iod in Indostra, in nome, of in POBL | IN FLAUE. |
| 18. BURIAN CREMANION OF REMOVAL | 1 2 | Manner of Injury | | |
| Place My. Lettad Clypate | July 15, 19 3 | - 2 Nature of injury | | |
| 10 HADEDTAKED EASTER SOM | blin | | any wey releted to occupation at decease | nd? |
| 19. UNDERTAKER ASION ELLE | Kolf Celly | If so, specify | Q14/)221 | 1. 2 |
| M 51150 7/ 11 14/1 | 2 de die | (Signed) | why when | lead |
| 20. FILED 1 19 | Registrar. | (Address) | 17/1/10/21 | 1 |

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| AUG 5 1832 =1 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gostroenteritis | 1 yeor | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

| M) | BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
|-----------------------------|--|--|--|--|
| 3 | RECOR | . PHY | Exact s | |
| MARGIN RESERVED FOR BINDING | ERMANENT | EXACTLY | r classified. | ·e• |
| FOR 1 | IS A P | stated | properly | certificat |
| SERVED | INK-THIS | should be | t it may be | on back of |
| ARGIN RE | UNFADING | upplied. AGE | terms, so that | instructions |
| • | WITH | efully su | in plain | ant. See |
| | ITE PEAINLY, | n should be car | SE OF DEATH | TION is very important. See instructions on back of certificate. |
| . No. 1 | BWR | matio | CAU | TION |

| 1. PLACE | OF DEAT | н | | | 107-0 | 2) | 2 | 0 |
|---|---|------------------------|----------------------|---|--|-----------------------------|--|------------------|
| County | I | Baltimore | 2 | | | Registra | tion Dist. No. 3 | 8 |
| | | or town where d | | (lf | No. Sheppard a death occurred in a horpital or it. 22 ds. How long in U.S. | nd Enoch | Pratt Hospi AME instead of street an | d number) |
| | | cy F. Co | | | | | | |
| | | | els, Mar | yland. | St., Ward. | If nonres | ident give city or town a | nd State |
| PERSO | NAL AND | STATISTI | CAL PARTI | | MEDICAL | | ATE OF DEATH | |
| s. sex Female | | OR RACE | 5. SINGLE, MAR | RIED, WIDOWED, D (write the word) | 21. DATE OF DEAT | Н | 29 | , 193_ 2(Year) |
| 5a. If marriad, wid HUSBANO of (or) WIFE of | | cad | | | 22. HERE July 8th | BYCERT | IFY, That I attende | |
| 6. DATE OF BIRT | H (month, day, | end yaar) F'e | b. 1. 18 | 63 | I last saw her alive or | | | |
| 7. AGE | feers | Months 5 | Deys 29 | If LESS than I day,hrs. ormin. | to heve occurred on the date The PRINCIPAL CAUSE OF were es follows: | | | Oata of onset |
| 8. Trade, prokind o | ofession, or par of work done, a ER, BOOKKEEP | ticular Res | presenta Cosmetic | | Broncho - Pn | eumonia | | 7/27 |
| 9. Industry of work SAW | or business in was done, as SI WILL, BANK, et | which LK MILL, c | 1 | | | | | |
| O this oc | eased last work ecupation (mont Dec] | th end | 11. Total t | ime (yaers) nt in this upation 8-9 yr | Othar Contributory Causes of | Importance | | |
| 12. BIRTHPLACE (State or c | | Talbo | County, | Maryland. | Arteriosclero | sis With | psychosis | 12/1931 |
| 13. NAME J | Tames H. | Covey | | | | | f ₆ | |
| | ACE (city or tow or country) | rn) Tall | ot Count | y, Marylan | Neme of operationNOD What tast confirmed diagnosi | | | 2.7 |
| 15. MAIOEN | NAME Sal | ra Seth | | | 23. if death was due to extern | | | |
| | ACE (city or tow or country) | m)Tall | ot Count | y, Marylan | Accident, suicide, or homicid Where did injury occur? | lo | | |
| 17. INFORMANT _ (Addrass) | Hosp | oital Red | cords | | Specify whether injury occur | (Specify cored in INOUSTRY, | ity or town, county and S in HOME, or in PUBLIC | itate) PLACE. |
| 18. BURIAL, CREM | ATION, OR RE | moval h | Soate Tu | -9.1.,19.3> | Mennar of Injury | | | |
| 19. UNOERTAKER (Addrass) | Jam J | Jest fo | Son of | ous | 24. Was disaase or Injury in a | any way ralatad to o | occupation of decaesed? | .No |
| 20. FILED self | 30 ,1 | 32 1 | -P. 12 | ulte Registrar. | (Signed). (Addrass) | MONSON. | Jack | el.M.D. |
| 7 | | If more | blanks are needed, | dress State Registrar, | 2412 N. Charles Street, Baltimor | | | |

V. S. No. 1

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| | | Example I | 7 | Example II | |
|----|--|---|---------------|--|---------------|
| 1 | The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| | Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| | Cerebral hemorrhage | BUREATIVS | July 5, 1927 | Peritonitis | 3 days ago |
| | | | | | |
| 41 | Other contributory | causes of importance: | | Other contributory causes of importance: | |
| | Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

| STATE OF MARYLAND- | CERTIFICATE OF DEATH 07491 |
|---|--|
| 1. PLACE OF DEATH | |
| County Baltmore | Project attent Diet au 6444 |
| Village Dr City Cha | No. St. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 011110 | ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Officer Jt. Earl | |
| (a) Residence: ND. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Sule 1 13 |
| Mare White Married | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY That I attended daceased from |
| Mace Cail | My 3 ,1972, to July 13 ,1932 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw hand alive on July 12 1, 1987; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated ebove, at 2/30 Q.m. |
| 67 6 9 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER, | 1 1 |
| 9. Industry or business in which | fund mund yaya |
| work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Data deceased last worked at this occupetion (month and yaar) | |
| 12. BIRTHPLACE (city or town) Balto. Cs. W.d. (State or country) | Other Contributory Causes of Importance: |
| | |
| 13. NAME JOO. 31 Earl 14. BIRTHPLACK (city or town) Belly. Co. Ved. | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME And Coursely 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 5 16. BIRTHPLACE (city or town) Belta. Co. | Accident, suicide, or homicide? Date of injury, 19 |
| X (Stata or country) | Where did injury occur? |
| 17. INFORMANT Was & Earl (Address) | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Ollner Om. Date July 15, 19132 | Nature of injury |
| 19. UNDERTAKER Frederick to I hundar | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) 740, Belais Roll | If so, specify |
| 20. FILED July 14, 1932 John S. Connelly | (Signed) M. p. |
| Registrant | (Address) FROFESTOR MAIN |

Af more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 12.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU | - 3 | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ARGIN

| PLACE | OF | DEATH |
|-------|----|-------|
| ILACE | Oi | DEATH |



STATE OF MARYLAND CERTIFICATE OF DEATH

County Ballimore Registration Dist. No. Village or City Note St.: Ward) (If death occurred in stated EXACT properly class of certificate. a hospital er institution, give its NAME instead of street and rister Mary Havietta Eckhart PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, may bo WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH instructions that (Day) (Year) and that death occured on the date stated above, at 5. 15 IFLESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: (a) Trade, profession or particular kind of work carefully H in plain (b) General nature of industry business, or establishment in which employed or (employer)... Contributory 9 BIRTHPLACE Secondary (State or country) EA. pino 10 NAME OF FATHER 0192___ (Address) 11 BIRTHPLACE S OF FATHER CAUSE *State the Disease Causing Death, or, in deaths from PARENT Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homieidsl. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) ccul 13 BIRTHPLACE In the At place OF MOTHER yrs. mos. ds. (State or country) 00 Where was disease contracted, if not at place of death?... = 14 THE ABOVE IS TRUE Every item CIANS sho statement Former or usual residence.... S. Mary clair DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Greecety; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Sermant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Ai school, or Al home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer. Physician, For many occupations a single word or term on Mrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

spinal meningitis"); Diphlheria (avoid use of "Croup"; ed term for the same disease. Examples: Cerebraspinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-"uphoid fever (never report "Typhoid Pneumonia"); (the only definite synchym is "Epidemic cerebropneumonia. Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelapus) may be stated under the head of "contributory. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, curbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trein or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJUNY Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report more symptoms or terminal condiinterstitial nephritis, cough; Chronic valvulur heart disease; etc. The contributory Measles

answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate in If this certificate is looked over thoroughly and all questions

permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

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| STATE OF MARYLAND—CERTIFICATE OF | MARYLAND-CERTIFICATE OF | - DEATH |
|----------------------------------|-------------------------|---------|
|----------------------------------|-------------------------|---------|

| 1. PLACE OF DEATH | 1 WIAIX | LAND | —— (ii) | 7493 |
|--|-----------------|------------------------------------|---|-------------------|
| County Baltimore | | | Registration Dist. Np. 4 | ø |
| Village or CityRosedale Length of residence In city or town where d | aath occurred 5 | | No. Philadelphia ave St., f death occurred in a horpital or institution, give its NAME instead of street and r s. ds. How long In U.S. if of foreign blrtb? yrs. mo | |
| 2. FULL NAME Barbara N (a) Residence: No. Philade | lelphia r | oad | St., Ward. | |
| PERSONAL AND STATISTI | (Usual place | | If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH | State |
| 3. SEX female 4. COLOR OR RACE white | 5. SINGLE, MARI | RIED, WIDOWED, | 21. DATE OF DEATH July (Month) (Dev) | , 193 2 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Eckmeye 6. DATE OF BIRTH (month, day, and year) | er | 862 | 22. I HEREBY CERTIFY That I attended march 10 1932, to July 4 I last saw h 12 alive on July 3 1932 | daceased from |
| 7. AGE Years Months | Days 2I | If LESS than 1 dey,hrs. ormin. | to have occurred on the date steted above, at 8.30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEPFR, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and year) | 11. Total ti | me (years) It in this pation | Carenona Stomach | about Jan 1932 |
| 12. BIRTHPLACE (city or town) Germany (State or country) | * * * | **** | Dther Coetribotory Causes of importance: | |
| 13. NAME Conrad Ross | 3 | | | |
| H 13. NAME Conrad Rose 14. BIRTHPLACE (city or town). Gen (State or country) | rmany | | Name of operation Date of What tast confirmed diagnosis? Was there en a | utanev? Kb |
| 15. MAIDEN NAME Anna B I | | | 23. If death was due to external causes (VIOLENCE) fill in also the following | 1 |
| 15. MAIDEN NAME Anna B I 16. BIRTHPLACE (city or town) German (State er country) | | | Accident, sulcide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State | |
| 17. INFDRMANT Henry Eckme (Addrass) Philadelphia | eyer Ve | | Specify whather injury occurred In INDUSTRY, in HOME, or in PUBLIC PLA | CE. |
| 18. BURIAL, CREGATION, OR REMOVAL | more, ful | 4 7, 1938, | Manner of Injury | |
| 19. UNDERTAKER John William (Address) 200 | lean S | (f. no () | | 0. |
| 20. FILED 1/4 , 1932 10.0 | 1. Tisk | Registrar. | (Address) 4810 Bedan Rd | M, D, |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person ho had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car S. A. | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | 7001 C 5008 | |
| <u> </u> | | | |
| O contributory causes of importance: | | Other contributory causes of importance | |
| Vistones | May 1,1923 | Gastroentcritis | 1 year |
| | | | |
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| iv. | |
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| FA | STATE OF MARYLAND— | CERTIFICATE OF DEATH 0749 |
|--------------|--|---|
| 220 | County Dallemore | Registration Dist. No. |
| 0 10 | Village or City Rondalls town | No. St., W. f death occurred in a horpital or institution, give its NAME instead of street and number) |
| 4 | Length of residence in city or town where death occurred yrsyrsmos | syds. How look in U.S. if of foreign birth?yrsmos |
| statement | 2. FULL NAME CMME Seene | Egulon |
| 214 | (a) Residence: No. MNONS (Usual place of abode) | St., Ward. If nonresident give city or lown and State |
| Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERT FICATE OF DEATH |
| | 1. COLOR OR RACE 5. SINCE, WARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Yoar |
| classined. | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 220 I HEREBY CERTIFY. That I attended deceased |
| | 0 113 1011 | July 20 1932 to July 22 193 |
| ate. | 6. DATE OF BfRTH (month, day, and year) | to have occurred on the date stated above at the m. |
| certificate | 10 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| o jo | 8. Trade, profession, or particular kind of work done, as SPINNER, | Date of |
| | 9. Industry or business in which | Peruccion anemia ? |
| back | SAW MILL, BANK, etc | - |
| ons on | O 10. Date deceased last worked at this occupation (month and year) | |
| instructions | 12. BIRTHPLACE (city or town Dallumne M. | Dther Contributory Causes of importance: |
| instructi | (State or country) | |
| | 13. NAME TO LES CONTROLLES TO LA SIRTHPLACE (city for towns) | |
| See | (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? |
| nt. | 15. MAIDEN NAME Elizabeth of Thirrie | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| important. | 15. MAIDEN NAME The Coff of the State of the | Accident, suicide, or homicide? Date of injury |
| imp | (///Co & bearing | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| very import | 17. INFORMAN A CALL CONTROLLANDOWIE AT | Specify whether injury occurred in HIDDSTR1, in HOME, OF HIPDBLIC PLACE. |
| S | 18. BURIAL CREMATION, OR REMOVAL | Manner of injury |
| TION is | Prison Color Months Date of Co., 1900 | Nature of injury. |
| TI | 19. UNDERTAKER (Addiess) | 24. Was disease or injury in any way related to occupation of deceased? |
| | 20. FILED 7/23/ 13 & 07-10-1 Fresher- | (Signed Van S. Muller |
| | Registrar. | (Address) Rossell stran Mr. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcccased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOI | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

| STATE OF MARYLAND- | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | (3) |
| County Galtmore | Registration Dist. No. 3 |
| Village or City Sparles | No. St., Wal |
| Length of rasidanca in city or town whare daath occurredyrs,mo | If death occurred in a hospital or institution, give its NAME instead of street and number) s |
| 2. FULL NAME John Elas | 16 |
| | and trajoc |
| (a) Residence: No. (Usual place Jabode) | St., St., If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) | 21. DATE OF DEATH 7 27 ,1932 |
| 5a. If marriad, widowed, or divorcad HUSBAND of | (Month) (Day) (Year) |
| (or) WIFE of Many E. Cuson | 22. HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF RIRTH (month day and year) | 198 to John 198 de destrices |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above at 7-30 fm. |
| Co 6 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca |
| 8 Trade profession or particular | ware as follows: |
| kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. | artenoschums |
| 9.4 ndustry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. | |
| kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9 Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date decaased last worked at bis occuration (month and | Chrome Instituto report |
| this occupation (month and 1912 spent in this 40 occupation | // |
| ant c | Othar Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | Doub sent to |
| 13. NAME John H- Engr | John Stranger |
| 13. NAME 14. BIRTHPLACE (city or town) | Name of oparation Data of |
| (State or country) | What test confirmad diagnosis? Was there an autopsy? 2 |
| 15. MAIDEN NAME May & Engl | 23. If death was dua to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accidant, suicida, or homicide? Data of injury, 19 |
| (Stata or country) | Whare did injury occur? |
| 17. INFORMANT S. E. E. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 18, BURIAL, CREMATION, OR REMOVAL | |
| Place Divile Note Data Data 91932 | Manner of Injury |
| Charles 19. 19. 19. | Natura of Injury |
| 19. UNDERTAKER | 24. Was disease or injury in any way related to occupation of daceasad? |
| (Address) Saula And | If so, specify BW Shurman |
| 20. FILED 1932 13 7 (3erms 11) | (Signed) Starky ma |
| Registrar. | (Address) |

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis ALIC 3.days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| 1 | | STATE (| OF MAR | YLAND- | CERTIFICATE OF DE | ATH DATE |
|-------|--|--|----------------|--------------------------------------|--|---|
| 1 | . PLACE OF DI | ATH | | | (48) | 22 |
| | County | in | | | Registration | on Dist. No. 32 |
| | Village or City | Herel | mod | | ND. | St.,Wa |
| | Length of residence | n city or town where | death occurred | | death occurred in a hospital or institution, give its NA. ds. How long In U.S. if of foreign birth? | |
| 2 | . FULL NAME | relle | 1 /4 | Estes | Pine | |
| | (a) Residence: N | Heres | Gord 1 | Rest 1 | St., Ward. | |
| | | 0 | (Usual place | | If nonresid | ent give city or town and State |
| | | AND STATIST | | | MEDICAL CERTIFICA | TE OF DEATH |
| 30 | 1 1 | Mila | OR DIVORCE | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH (Moditi) | (Year) (Year) |
| 5a. | If married, widowed, or HUSBAND of (or) WIFE of | | 9.1: | 0. | 22. 1 LEREBY CERTI | 1 |
| | (61) 11112 61 00 | 0 0 | anen | ine | 1114 / 1928 10 | My 19,19.3 |
| | DATE OF BIRTH (month | | 1866 | | Mast saw h . Walive on July | 19 3/7 death is sa |
| 7. A | IGE 66 Years | Months | 2 3 | if LESS than 1 day,hrs. | to have occurred on the date stated above, The PRINCIPAL CAUSE OF DEATH and related c | (-9-m. |
| 1 | 9 Trada profession o | | | ormin. | were as follows: | Date of ons |
| ON | 8. Trade, profession, o kind of work do SAWYER, BDDK | r particular ne, as SPINNER, KEEPER, etc | House | wife | Wilmon | ca 0/ |
| PA | 9 Industry or busine work was done, SAW MILL, BAN | s in which | | | Merces | 0 |
| OCCO | 1D. Date deceased last this occupation | worked at month and | spe | ime (years) nt in this | | |
| 12. | year) BIRTHPLACE (city or to | 0 | to be | med | Dther Contributory Cause of importance: | ered is |
| - | (State or country) | | | | 00 411-1- | 0. 6. 4 |
| HEN. | 13. NAME | unes o | yore | | and the good | race of |
| FATH | 14. BIRTHPLACE (city | | t bome | <i>(</i> | Name of operation | Date of |
| 2 | (State or countr | 00 | 41 17 | | What test confirmed diagnosis? | Was there an autopsy? |
| MOTHE | 15. MAIDEN NAME | Colon Cola | ect 192 | end | 23. If death was due to external causes (VIDL ENCE | |
| 2 | 16. BIRTHPLACE (city of (State or count) | / / /- | et. bo | pre | Accident, suicide, or homicide? | Date of injury, 19 |
| 17. | INFORMANT . Harding | ry of | Esterlin | ilo Int | (Specify city Specify whether injury occurred in INDUSTRY, in | or town, county and State) HOME, or in PUBLIC PLACE. |
| 18. | BURIAL, CREMATION, D | R REMOVAL | v gracie | , 62 / 20 | Manner of injury | |
| | Place There | ford | Date / Lucy | 2119.32 | Nature of injury | 7, |
| | | 10 | 100 | 0 | 24. Was disease or injury in any way related to oc | ugation of deceased? |
| 19. | UNDERTAKER | 10 /19h | NO A | gun | if so, specify | Volues |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FO | OR FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|---------------------|------------|------------|---------------|-----------|
|---------------------|------------|------------|---------------|-----------|

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| | STATE OF MARYLAND— | CERTIFICATE OF DEATH | 4.76 |
|-----------------|---|---|------------|
| | County Paltinare | 930 | (1) |
| | 0 1 11 | Registration Dist. No. | |
| / | Village or city Catonocrelle of | death occurred in a hospital or institution, give its NAME instead of street and | N N |
| / | Length of residence in city or town where death occurred//_ yrs,/O_mos | ds. How long In U. S. if of foreign birth? yrs. m | OS |
| | 2. FULL NAME Frances Folia | | |
| | | On Mand | |
| | (a) Residence: No. 29/3 4V - Hunda (Usual place of abode) | Ward. If nonresident give city or town and | State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | |
| | Fangle White OR DIVORCED (write the word) | (MonM) (Day) | , 193 |
| | 5a. If married, widowed, or divorced | (monya) (bay) | (Teal |
| | HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY That I attended | deceased |
| | Surge 5 | Dept 30, 1920, 10 July 8 | . 19. |
| te. | 6. DATE OF BIRTH (month, day, end year) | I last saw he alive on truly 8 1932 | ; death is |
| ica | 7. AGE Years Months Days If LESS than | to have occurred on the dete stated above, atm. | |
| ertificate | 74 9 2 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | 1000 |
| 0 | 8. Trado, profession, or particular | | Date of o |
| Jo | sawyer, Bookkeeper, etc | | |
| back | 9. Industry or business in which work was done, es SILK MILL, | Cerebral Empoleon | 12 |
| | SAW MILL, BANK, etc | | |
| no | 10. Date deceased last worked at this occupation (month and year) | | |
| instructions of | year) occupation | Other Coutributory Causes of importance: | |
| ctio | 12. BIRTHPLACE (city or town) Calture | 7.1 | |
| tru | (State or country) | Chy Mysearditis | 22 |
| ins | 14. BIRTHPLACE (city or town) | | / |
| See | 4. BIRTHPLACE (city or town) | Name of operation Date of | |
| | (State or country) | What test confirmed diagnosis? Was there an | aulopsy? |
| int. | 15. MAIDEN NAME Marcaret talker | 23. If death was due to external causes (VIOLENCE) fill in also the following | 7: |
| 100 | 15. MAIDEN NAME Margaret Folders 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of Injury | • |
| poi | State or country) | Where did injury occur? | , |
| very import | Mrs. Para S. Malle. Wist | (Specify city or town, county and States of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | le) |
| very | (Address) 29/3 W. Marth Que | , person, whome, might become in the control in the control in | AUL. |
| Ve | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | |
| is | Place Jourson parker Date 1/ 1932 | Neture of injury | |
| rion is | 111 m 1. 6 | | 97 |
| II | 19. UNDERTAKER OF BOOK | 24. Was disease or Injury in any wey related to occupation of deceased? | 40 |
| | (Address) 1217 st paul 38 | If so, specify | |
| F | 20, FILED 19 , 150 XX 6 Cycles | (Signed) United States | |
| 7 8 | Registrar. | (Address) Office (All | - Colo |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | ADDITIONAL | SPACE I | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--|------------|---------|-----|---------|------------|----|-----------|
|--|------------|---------|-----|---------|------------|----|-----------|

Filed

(Month) (Day) (Year) and that death occurred on the date stated above, If LESS than I day hrs. Contributory Secondary State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or flomicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the State, yrs. mos. Where was disease contracted. if not at place of death?... Former or usual residence, DATE OF BURIAL ADDI If more blanks are needed. address State Registrar. 16 W. Saratoga St., Balte., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institulon, give its NAME instend of street and mumber.) PERSONAL AND STATISTIC MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED. OR DIVORCEM (Day) (Write the word) I HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH 7 AGE (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country 10 NAME OR FATHER II BURTHPLACE ENT OR FATHER (State or countr CK 4 13 BIRTHPLACE OF MOTHER (State or country)

at carp.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., without more precise laborer, Farm laborer, Laborerbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutles of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tied 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But ln many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom As examples: (a)

EASE CAUSING DEATH (the primary affection with respectto time and causatlon), using always the same accepted term for the same disease. Examples: Gerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." (Recommendations on statequences as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasınus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatle), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgnant neoplasms); Measles; inges, peritomicum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railroay and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicuemia." "Puerperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease vulsions," Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need -uccident; Revolver wound of head-homicide; (e. g., sepsis, tetanus) may be stated under the "Debllity" ("Congenital," "Senile." etc.); Example: Measles "Апиешіа" terminal (second-(disease (merely not be

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

N. B.—WRITE PLAINLY, WATH UNFADING INK—THIS IS A PERMANENT TECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 23) |
| County Balto. | Registration Dist. No. |
| Village or City Reisterstown Md | NoMA Pleasant San St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrsmos_ | 1// |
| 2. FULL NAME Mrs. Texese File | ming |
| (a) Residence: No. 1632 5. Grundy | St., Ward. Balto. M.d. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. HEREBY CERTIFY, That I attended deceased from |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Chas-R. Fleming | 22. I HEREBY CERTIFY. That I attended deceased from 1932 to July 24 1932 |
| 6. DATE OF BIRTH (month, day, and year) Worl 28-1894 | I last saw h -er alive on July 24, 1932; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 38 2 26 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | PulmonaryTuberculoses |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | The sucrement of the su |
| SAW MILL, BANK, etc. | |
| 11. Total time (years) this occupation (month and 1432 spant in this occupation (year) | |
| 12. BIRTHPLACE (city of town) Balto Md. | Other Contributory Causes of importance: |
| (State or country) | |
| 13. NAME GOSEPH There | |
| 14. BIRTHPLACE (city or town) Getmany | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME amelju Schober | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| [16. BIRTHPLACE (city or town) Listmany | Accident, suicide, or homicide? Date of injury, 19 |
| S (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT (Address) | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Socret Heart Date July 21, 19.82 | Nature of Injury |
| 19. UNDERTAKER JUST + Hiller Bose. (Address) 4030 S. Wolle . | 24. Was disease or injury in any way related to occupation of deceased? 20 |
| 20. FILED July 2 4", 1932 Aft M. Glade | (Signed) about to Show M.D. (Address) Reisterstown Md. |
| Registrar. If more blanks are needed, address State Registrar. | 2411 N. Charles Street, Baltimore, Requesting T. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | | |
| Arterioselerosis Chronic interstitial nephritis | 921 | Run over by street car. | 1 week ago | |
| Cerebral hemorrhage | | Reio Biz 193? | 3 days ago | |
| | 80 | REAU V. S. | | |
| Other contributory causes of importance: | Times- | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| ADDITIONAL SPACE F | OR FURTH | ER STATEMENTS BY PHYSICIAN | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 07500 |
|---|--|
| 1. PLACE OF DEATH | 22 |
| County Baltimore | Registration Dist. No. 3 |
| / | |
| Tubus out SANA LURIUM, LU | WSON ND St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death pecurredyrs mos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME CSULLE Ford, | |
| (a) Residence: No. 26 North Bentalow | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE QR DIVORCED (write the word) | 21. DATE OF DEATH |
| Venot Which Married | (Month) (Day) (Yeer) |
| 5e. If married, widowed, or divorced HUSBAND | 22. I HEREBY CERTIFY. That I attended deceased from |
| (OT) WIFE OF Come I siel, | may 13 1932 to July 6 1932 |
| 6. DATE OF BIRTH (month, day, end yeer) May 23, 1872 | liest saw hele alive on July 6 , 1932; death is said |
| 7. AGE Years Months Deys If LESS than | to heve occurred on the dete steted above, a 5:55 A.m. |
| 60 1 1/1 1dey,hrs. | The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows: |
| 8. Trade profession or particular | Pulmonan Tuberculosio 14 uns |
| kind of work done, es SPINNER, Ausewife. | |
| Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| | |
| 11. Total time (years) this occupation (month end yeer) 11. Total time (years) spant in this occupation | |
| B.A. md | Other Coutributory Causes of Importence: |
| 1z, BIRTHPLACE (city or town) | |
| 13. NAME Pinner F Itelly. | |
| Belten med | Neme of operation |
| (State or country) | Whet test confirmed diegnosis? A Ris Wes there en eu opsy? M.D. |
| 15. MAIDEN NAME Reversa Magnoss | 23. If death was due to externel ceuses (VIOL ENCE) fill in also the following: |
| is provided activities and Balling and Made | Accident, suicide, or homicide? |
| 16. BIRTHPLACE (city or town) | Where did injury occur? |
| Hospital Records Personal History | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| (Add DOWOOD SANATORIUM, TOWSON, MD, | |
| 18. BURIAL, CHEMATION, OR REMOVAL | Menner of injury |
| Place Hostem Besse Dete July 9 , 19 32 | Neture of injury |
| 19. UNDERTAKER VERMON Reenert | 24. Was disease or injury in eny wey releted to occupetion of deceased? |
| (Addyess) 1532 Hallons At. | If so, specify |
| 20. FILED July 6 1932 to P. Bullio | (Signed) M. O. |
| A. Registrar. | (Address) Eudowood San., Dowson, Md. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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|---|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrage & | July 5,1927 | Peritonitis | 3 days ago |
| 77 70 13 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 177 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| N. A. C. | | | |

| | STATE C | F MARYLAND- | CERTIFICATE OF DEATH | 7501 |
|---------|---|--|--|-----------------|
| 1 | county factor | nord | Registration Dist. No. | 4 |
| | Village or City pan a | watern | No. Porcusion Va and different of unit death occurred in a hospital or institution, give its NAME instead of street and nur | War |
| 2 | Length of residence in city of town where | leath occasion yrs mo | ds. How long in U.S. if of foreign birth?yrsmos. | d: |
| | (a) Residence: No. | (Usual place of abode) | St., Ward. If nonresident give city or town and St | lale |
| 1 | PERSONAL AND STATIST | | MEDICAL CERTIFICATE OF DEATH | |
| 3.8 | 4. COLORY OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH July 24 B | 193 Z (Year) |
| 5a. | If merried, widowed or divorced HUSBAND of (or) WIFE of sulph a. | Frazier | 22. JAHEREBY CERT PY, That I attended, de | |
| 6. D | DATE OF SHOTH (month, day, and year) | et. 238 1863 | Mast saw her alive on July 123 1932 | death is sa |
| 7. A | GE Years Months | Days If LESS than 1 day, hrs. | to heve occurred on the dete steed ebove, atm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance | |
| NO | 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc | foursecrals | allowing Herria | Date of ons |
| UPATION | 9. Industry or business in which work was done, as SILK MILL. | Home | Throid tumor of where | |
| 1000 | SAW MILL, BANK, etc | 11. Total time (years) spant in this occupation | (about 30 points) | |
| 12. | BIRTHPLACE (city or town) | | Other Contributory Causes of importance: | |
| ER | 13. NAME William | Mooney | Vaussen | |
| FATHER | 14. BIRTHPLACE (city or town) | a | Name of operation Date of Date | |
| 2 | 15. MAIDEN NAME / MAIDEN PALIA | Malison | What test confirmed diagnosis? | opsy? |
| MOTHE | 16. BIRTHPLACE (city or town) | 2/- | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? | 19 |
| | (State or country) | Brazin | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC | |
| | (Address) Spanen | Sthow Roal | Specify whether injury occurred in Introduct, in nome, or in Poblic PLAC | ·C. |
| 18. | BURIAL, CHANTION OR DEMOVAL Place AK Lawn | Date July 26, 19 32 | Menner of Injury | |
| 19. | UNDERTAKE ONW JI. L (AD) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B | ehrny | 24. Wes disease or flury in any way related to occupation of deceased? | |
| 20. | FILE 25 1932 9. | H. formies Ch. Registrar. | (Signed) (Address) Spannisonis | M. |
| | V If more | blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimple, Requesting V. S. No. 1. | |

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| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| County | Baltimore | | | 23) | 2 |
|---|--|-------------------|--|--|--------------------|
| , | ity Mt. Wils | * O X | | Mt. Wilson Branch. Md. | 22 |
| | , | | (1) | Mt. Wilson Branch, Md. NoTuberculosis Sanatorium St., feeth occurred in a horpital or institution, give its NAME instead of street a | nd number) |
| Length of resi | dence in city or town where | death occurred | yrs mos | f death occurred in a hospital or institution, give its NAME instead of street a 26 ds. How long in U.S. if of foreign birth?yrs. Born in Baltimore, Mar | mos. |
| | ······································ | | | both in baltimore, mar | yranu. |
| | ce: No. 1344 E | (Usual place | of abode) | St., Ward. Baltimore, Mary If nonresident give city or town | land. |
| | AL AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | |
| Male Male | 4. COLOR OR RACE White | OR DIVORCE | RIED, WIDOWED, D (write the word) Tied | 21. DATE OF DEATH July 12th (Month) (Day) | , 193_2. (Year) |
| 5a. If married, widow HUSBAND of (or) WIFE of | ed, or divorced Anna | B. Gauer | | 22. I HEREBY CERTIFY, That I attend | ed deceased f |
| 6 DATE OF DIDTU | month, dey, and year) | 11 v 9th | 1881. | March 16th, 1931 to July 12t last saw him alive on July 11th, 193 | 2 |
| 7. AGE Year | | Days | If LESS than | to have occurred on the dete steted above, at 1 . 50 A m. | ⊷; deeth is: |
| 51 | 0 | 3 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8. Trade, profes | sion, or particular ork done, es SPINNER, | T | | | Date of or |
| SAWYER, | BDDKKEEPER, etc | Inspect | | Pulmonary tuberculosis | Marc |
| work was | done, as SILK MILL IOC L, BANK, etc. | cke Insu | lator Co. | | 1930 |
| 10. Dato decease | d last worked at | II Total ti | ime (years) | | |
| year) | march 193 | 30. occu | nt in this 8 yrs | | |
| 12. BIRTHPLACE (city | | more, | | Other Contributory Causes of importance: | 1 - 12 |
| (State or coun | | ryland. | | None | |
| 13. NAME 14. BIRTHPLACE | J. Louis Ga | | | | |
| 14. BIRTHPLACE | | timore. | | | |
| | E Elizabeth | | | What test confirmed diagnosis? X-ray and Was there a tubercle bacili were found. 23. If death was due to externel causes (VIDLENCE) fill in also the follow | n autopsy? |
| Ξ | 77- | altimore | | | |
| O 16, BIRTHPLACE (State or | | Marylan | | Accident, suicide, or homicide? Date of injury Where did injury occur? | , 19 |
| 17. INFORMANT(Address) | Louis R. Mt. Wilso | Kehner on Mary | holz land. | (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC | State) PLACE. |
| 18. BURIAL, CREMATI | DN, DR REMOVAL | 0 0 | Ly 14, 19.32 | Manner of injury | |
| 19. UNDERTAKER | H. Howas | of Fale | 3 | 24. Was disease or Injury in any way related to occupation of decessed? If so, specify | No |
| (Address) | | | | | |

V. S. No. 1

MARGIN RESERVED FOR BINDING

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| 76619 | | | |
| Other contributory causes of importance: | TEDO | Other contributory causes of importance: | |
| Gallstones | May 1-1025 | Gastroenteritis | 1 year |
| | 1 | | |
| | | | |

| AA. | infor- | state | of OCCUPA. |
|----------|----------------------------------|------------|-----------------|
| TAI | 50 | pli | 22 |
| | m | should | 0 |
| | ite | | of |
| | 'NT RECORD. Every item of infor- | PHYSICIANS | Exact statement |
| | SD. | ISI | Stat |
| | 10 | H | + |
| | EE | - | xa |
| | L | × | H |
| ر داع | Z | 1 | d. |

UNFADING INK-THIS IS A PERMANE properly classified certificate. AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

V. S. No. 1

| 1. PLACE O | | | | | (31) | | 4 | 10 |
|--|---|--------------------------------------|--------------------------------------|--|-------------------|---|-------------------------------|------------------|
| / | Baltimore | | | | | Registration Dist. I | | 3 |
| / Village or 0 | city Overlea | | (16 | No. 4508 death occurred in a horn | Kenwoo | od Ave. | d of street and n | Ward |
| Langth of res | sidance in city or town where do | eath occurred | | | | | | |
| 2. FULL NA | ME John Chr | istophe | r Gebhar | dt | | | | |
| | | enwood (Usual place | Ave. | St.,Wa | ırd. | If nonresident give cit | y or town and | State |
| PERSON | NAL AND STATISTI | CAL PARTI | CULARS | MEC | DICAL CE | RTIFICATE OF | DEATH | |
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MAR OR DIVORCEI MAY | RIED, WIDOWED, Of write the word) | 21. DATE OF I | | y 4th, | Day) | , 1932 (Year) |
| 5a. ff married, wido HUSBAND of (or) WIFE of | wed, or divorced Anna Gebhar | dt | | 22. June | 4 | CERTIFY. TO | at I ettended | deceased from |
| 6. DATE OF BIRTH | (month, day, and year) AU | ig. 3, 1 | .868 | Wast saw him | alive on_ | ly 40 | , 19. 3.2 | death is sald |
| | ars Months | Days | If LESS than 1 day,hrs. | | | bove, at. 6:40P | | |
| 6 | 3 11 | 1 | ormin. | were as follows: | JSE OF DEATH | end related causes of in | nportence | Date of onset |
| 8. Trade, profind of SAWYEI Industry or work w. SAW Mill one this open the same than the same than the same this open the same thinks one think | ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc | Farmer | | Chronic | Inter | stitioned. | repluto | -19-30- |
| A Industry or work w | business in which as done, as SILK MILL, | | | myoca | ordeno | l'degene | iation. | June 1 |
| SAW MI | ILL, BANK, etcsed last worked at | 11 Total ti | ma (years) | ana | Loran | | | July 20 |
| this occ | upation (month end | Sp31 | ntin this | Edden | ca of | lunge. | | June 20 |
| to Dintille top / | 14 | | | Other Contributory C | lauses of importa | ance: | | |
| 12. BIRTHPLACE (c | | nany | | | | | | |
| 13. NAME | John A. Gebb | nardt | | | | | | |
| 13. NAME 14. BIRTHPLAC | E (city or town) | | | Name of operation | ho | ne | Date of | |
| (01810) | or country) Germs | | | What test confirmed | diagnosis? | | Was there an a | autopsy?_ Hu |
| 15. MAIDEN N 16. BIRTHPLAC | AME Eliz. Sch. | lossver | | 23. If death was dua to | o external causa | s (VIOLENCE) fill in al | so the following | g: |
| 5 16. BIRTHPLAC | E (city or town) | | | Accident, suicide, or | homicide? | Date o | f injury | , 19 |
| - (State (| Anna Gebhar 4508 Kenwo | rmany dt | | Where did injury occ Specify whether injury | | (Specify city or town, NDUSTRY, in HOME, o | county and State In PUBLIC PL | e) ACE, |
| | TION, OR REMOVAL | ou Ave. | | | | | | |
| Place | Parkwood | Date 7/2 | 7 1932 | Manner of injury Nature of injury | | | | |
| | | Q | 0 . 1 | | | | of desensed? | no |
| 19. UNDERTAKER | Trederick of 7401 Belair | Road. | an oran | If so, specify | jury in any way | related to occupation o | n deceesed? | A |
| 4- | 1. 0 | A I | tm Q | (Signed) | leest & | Dolleba | les | |
| 20. FILED | 14 ,1832 9 | 4 Ton | Registrar. | - (Address | 11/6 | 9 Belais | - Red | |

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| AUG D INCOME | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
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| | | | | |
| | | | | |

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Ward

(Year)

Oate of onset

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| | BUREAU V.S. | | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | | |
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| | | | | | |
| | | | | | |

| sta UP | 1. PLACE OF DEATH |
|---|--|
| CCL | County Balto Co |
| hou | Village or City Ray Para 1 |
| Jo s s | Cucuro |
| ery ent | Langth of rasidance in city or town whara daath occur |
| CIA | 2. FULL NAME / A Office |
| IYSI stat | (a) Residence: No. |
| Exact | PERSONAL AND STATISTICAL P |
| EX | 3. SEX 4. COLOR OR RACE 5. SINGL OR DI |
| L L | well what I |
| CT | 5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of |
| X A X A selas | 0 |
| E W H | 6. DATE OF BIRTH (month, day, and year) |
| stated properl | 7. AGE Waars Months Da |
| | Trade, profassion, or particular |
| d be y be k of | kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. |
| should it may n back | 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc. |
| S sh t it on | SAW MILL, BANK, atc. 10 Date dacassed last workad at this occupation (month and yaar) |
| AGE that ions | 0.1-4-1 |
| I. So ucti | 12. BIRTHPLACE (city or town) (State or country) |
| nrading plied. AGI erms, so tha instructions | I 13. NAME 1. Blake Ens |
| 0 0 | |
| illy supplain t | 14. BIRTHPLACE (city or town) (State or country) |
| | 15. MAIDEN NAME Wages of 100 |
| be careful EATH in pinportant. | [16. BIRTHPLACE (city or town) |
| 7 5 6 1 | ∑ (State or country) |
| POP | 17. INFORMANT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| should Should E OF D is very | 18. BURIAL, CREMATION, OR REMOVAL |
| on s ISE N is | PlacaDate |
| mation shou CAUSE OF TION is ver | 19. UNDERTAKER 2 7 Eleco |
| EOF | (Address) Techentes |
| | 2-1-71 34 141 |

67505

| 1. PLACE OF DEATH | |
|---|---|
| County Balto Co | Registration Dist. No. 33 |
| Village or City Restauration Zang | No. St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME To Blake Gosy | |
| (a) Residence: No. Could place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (querite the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY Than I attanded decased from |
| 6. DATE OF BIRTH (month, day, and year) July 21 # 1832 | 1 jist saw ht. alive on 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 7. AGE Taars Months Days If LESS than 1 day hrs. | to have occurred on the date stetad above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. | At Albora |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc 10 Date dacaased last worked at this occupation (month and | 700,000 |
| O let Date dacaased last worked at this occupation (month and yaar) | |
| 12. BIRTHPLACE (city or town) (State or country) | Other Contributory Causes of importanca: |
| 13. NAME 1 13. NAME 14. BIRTHPLACE (city or town) | |
| 14. BIRTHPLACE (city or town) | Nama of operation Oata of Oata of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME (Line of town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. Chate or country) | 23. If daath was due to axternal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? |
| X (State or country) | Whara did injury occur? |
| 17. INFORMANT Tillas Good Good Good Good Good Good Good Goo | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury Zerrely |
| PlacaDate | Nature of Injury Zeral |
| 19. UNDERTAKER J. F. Elecio. (Address) | 24. Was disaase or injury in any way related to occupation of decaased? |
| 20. FILED July 21, 1932 Preedict | (Signed) fraguefficielle 2007) M. D. |
| 1 | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

9.-The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

II.-The number of years the deceased followed the occupation.

In stating the industry or dusiness, avoid the use of such general terms as "store," "factory," "mill," etc. out the particular kind of work done and return that, as spinner, weaver, etc. Find In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical eugineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

| Other contributory causes of importance: | 8861,1 yoM | Other contributory causes of imp Gastroenteritis | uses of importance: | rnəfi I |
|---|---------------|---|------------------------------|------------------------------|
| | | | . CENED | |
| Cerebral hemorrhage | LZ61'gfimf | Peritonitis . | 6.00 | obv shop g |
| Chronic interstitial nephritis | 1261 | Run over by street ear | AUG U DOG | 000 भुग्गा I |
| The principal cause of death and related causes of importance were as follows: Arterioselerosis | Date of onset | The principal cause of death an of importance were as follows: Althed of epilepsy | of death and related causes' | Date of onset opp double ago |
| Example I | | Example | Example II | |

AGE should be

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

þe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

V. S. No. 1

ż

| 1. PLACE OF DEATH | 527 (64) |
|--|--|
| County Ballimore | Registration Dist. No. Y Y |
| Village or City Lorley | No. St, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Wilhelm Tred (a) Residence: No. 3809 Gough J. (Uspil place of abod) | erch Transpy (S. Mol of foreign birth? yrs. mos. ds |
| PERSONAL AND STATISTICAL PARTICULA | ARS MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V OR DIVORCED (Winter | |
| 5e. If married, widowed, or divorced HUSBANO of (or) WIFE of osephine M. Grom. 6. DATE OF BIRTH (month, day, end year) | 22. I HEREBY CERTIFY, That I attended decessed from 19 , 19 |
| 7. AGE Years 5-1 Months 9 Pays If 1 day or | LESS than to have occurred on the dete stated above, atm. y. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Juicide by Monxide |
| SAW MILL, BANK, etc | is a second seco |
| 12. BIRTHPLACE (city or town) Jessmany (State or country) | Other Controllery Causes of Importance. |
| 13. NAME Unknown | |
| 13. NAME Unkanown 14. BIRTHPLACE (city or town) Germany (State or country) | Name of operation |
| 15. MAIOEN NAME Unknown | What test confirmed diegnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 17. INFORMANT William P. Granny (Address) 3809 Gonah H. | Accident, sulcide, or homicide? |
| 18. BURIAL, CREATION OR REMOVAL Place Car Lawn Date July 20 | Manner of Injury Nature of injury |
| 19. UNDERTAKER John Uffreit St. (Addiess) 2008 Theams St. | 24. Was disease er injury In any way related to occupation of deceased? |
| 20. FILED July 19 , 1932 J. G. Comely | Registrar. (Andress) Stemmers Run Md |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at select or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "meehanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | |
|--|-------------|---------------|--|---------------|
| The principal eause of death and related eauses of importance were as follows: | | Date of onset | The principal cause of death and related eauses of importance were as follows: | Date of onset |
| Arteriosclerosis | RECEIVED | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial he | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | VIC 6 1834 | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU V.S. | | | |
| Other contributory causes of importance: | | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroentcritis | 1 year |
| | | | | |
| | | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. How long In U.S. if of foroign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF 193 2 (Month) (Day) (Yeer) CERTIF That I attended deceased from 1 last If LESS than to have occurred on the data steted ebova, at 6 The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. wera as follows Date of onset Other Contributory Causes of importanca: Neme of operation What test confirmed diagnosis?_____ Was there an autopsy?___ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicida?_____ Date of injury_____ Where did injury occur? (Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Mannar of injury Natura of injury 24. Was disease or injury in any way ralated to occupation of dacaased? If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1 day ...

spent in this

occupation.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3, days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory chuses of paragrance. 32 Gastroenteritis | 1 year |
| | | | |

| M) 4 2 4 | STATE OF MARYLAND— | CERTIFICATE OF DEATH 07508 |
|--|---|---|
| of infor- | 1. PLACE OF PEATH | 159 |
| | County Oally | Registration Dist. No. |
| should of OCC | Village or City Catonsville Duglas ! | 24 24 K |
| _ A 0 | | If death occurred in a hospital or institution, give its NAME instead of street and number) |
| NS Int | Length of residence In city or town where deeth occurredyrsmo | sds. How long In U.S. If of foreign birth?yrsmosds. |
| CORD. Every PHYSICIANS oct statement | 2. FULL NAME Dayy p Vandy | A # 2 Twee |
| D. SIC | (a) Residence: No. 32 Rick ave Ca | travolle |
| ECORD, PHYSI ract sta | (Usual place of abode) | If nonresident give city or town and State |
| RECC. PH. | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| E E | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, MIDOWED, OR DIVORCED (Top of the word) | 21. DATE OF DEATH |
| G Z J - | mak estones trung | (Dy) (Year) |
| ANE ACT Ssifted | 5a. If married, widowed, or divorced HUSBAND of | 2. 1 HEREBY CERTIFY, That attended deceased from |
| MANA A Ses | (or) WIFE of | Jul 14 1932 to July 14 1932 |
| BIND) PERMA EXA y class te. | 6. DATE OF BIRTH (month, dey, and yeer) July 14 1932 | I lest see han alive on July 14 193 - deeth is seld |
| FOR B. IS A PE stated E properly certificate | 7. AGE Years Months Deys II LESS fren | to have occurred on the dete stated above, et |
| FOR IS A F stated properl | 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importence |
| | 8 Trade profession or particular | were as follows: |
| SD HIS be be of | SAWYER, BOOKKEEPER, etc | |
| RVED CALL | 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at this occupation (month and | |
| | work wes done, es SILK MILL, SAW MILL, BANK, etc | Trumature Berth |
| RESE G INK GE sh that it ms on | | |
| REING I | year) occupetion occupetion | Other Contributory Causes of importence: |
| F4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 12. BIRTHPLACE (city or town) | |
| ARGIN UNFADI pplied. terms, so instruct | (State or country) | |
| | 13. NAME Welles There 14. BIRTHPLACE (city or town). Catornoole | |
| | 14. BIRTHPLACE (city or town) Catoriale | Neme of operation |
| H 5 7 | (State of country) | Whet test confirmed diegnosis? Wes there an eu'opsy? |
| INLY, WITH be carefully s EATH in plain important. See | 15. MAIDEN NAME Clynes Mutchel 16. BIRTHPLACE (city or town). Catomorelle med | 23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following: |
| 1 | | Accident, suicide, or homicide? Dete of injury, 19 |
| NL be SAT mp | (State or country) Dunglas & K. | Where did injury occur? (Specify city or town, county and State) |
| AI. | 17. INFORMANTIPULE Mulchell / haw wother | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| E PLAINLY, should be can OF DEATH | (Address) 37 tuck Cin. | |
| ₩ 02 E-3 00 | 18. BURIAL, PREMATION, OR SEMINOVAL | Menner of injury |
| -WRITE mation s CAUSE TION is | Pleco Ceuvium Opty 10, 19 | Neture of injury |
| -WRI mation CAUS | 19. UNDERTARE Queuel I Therefly | 24. Wes diseese or injury in any refeted to occupetion of deceased? |
| No. | (Address) / 8 / Address | If so, specify |
| Si . (T) | 20. FILED 15 States | (Signad) M. D. |
| PA | Registrar. | (Address) XIBIN For White |
| | If more blast and address State Registrar | , 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenterilis | 1 year |
| | | | |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACELY. PHYSICIANS should state MARGIN RESERVED FOR BINDING V. S. No. 1

| | Village or City Catorwelle Our Length of residence In city or town where death occurred yrs | Registration Dist. No. 7 (Av. No.) 3 2 No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U. S. If of foreign birth? yrs. mos. |
|------------|---|--|
| 2 | (a) Residence: No. 3 2 Residence of abod | |
| | PERSONAL AND STATISTICAL PARTICULA | ARS MEDICAL CERTIFICATE OF DEATH |
| 3.8 | SEX 4. COLOR OR RACE S. SINGLE, MARRIED, V OR DIVORCED (write | |
| | If married, widowed, or divorced HUSBAND of (or) WIFE of | 1 HEREBY CERTIFY, That I attended decoased |
| - | DATE OF BIRTH (month, day, and year) AGE Years Month Days If 1 da or | LESS than to have occurred on the date that the principal cause of t |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Gremative Birth |
| | this occupation (month end spant in the occupation occupation) BIRTHPLACE (city or town) (State or country) Catorical M | is _ |
| FATHER | 13. NAME William Kanday 14. BIRTHPLACE (city or town) (State or country) | Name of operation Dete of What test confirmed diagnosis? Was there an autopsy? |
| 2 | 15. MAIDEN NAME Carees mitches | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| MOTHER | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| | (Address) 38 Rich arr. BURIAL GREMATION, OF REMOVAL | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| | Plece the Culture Date July | Nature of Injury 24. Was disease or Injury in any applicated to occupation of deceased? |
| 19. | (Address) | If so, specify |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| | Example I | | Example II | | |
|--|---|---------------|--|---------------|--|
| The principal cause of importance were a | of death and related causes is follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | AUC 5-1920 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nep | hritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAU V S | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory c | eauses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

MARGIN RESERVED FOR BINDING ——WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAINLY, W.

V. S. No. 1

| | | F MARYLAND- | CERTIFICATE OF DEATH | 07510 |
|--|----------------------------------|---|---|---------------------------------------|
| 1. PLACE OF | DEATH | -01/ | | 424 |
| County | Killim | ~ | Registration Dist. No. | |
| Village or City_ | Vines C | eres | No. / Old Man Cell death occurred in a hospital or institution, give its NAME instead of str | St., Ward |
| Length of residen | in cily or town where d | | bow long in U.S. if of foreign birth?yrs | |
| 2. FULL NAME | still | Von infant | - (Hame) | |
| (a) Residence: | No. | | St., Ward. | |
| DEDCOVA | | (Usual place of abode) | If nonresident give city or to | |
| | COLOR OR RACE | CAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, | MEDICAL CERTIFICATE OF DEA | ATH |
| Male | White | OR DIVORCED (write the word) | (Month) (Oay) | (Year) |
| 5a. If married, widowed, HUSBAND of (or) WIFE of | r divorced | | 22. 1 HEREBY CERTIFY, That I a | ttended deceased from |
| (or) wire or | $\overline{}$ | *** | , 19, 10 | , 19 |
| 6. DATE OF BIRTH (mor | th, day, end year) | ely 10") 1932 | I last saw h alive on, | 19; death is sald |
| 6. DATE OF BIRTH (moi | Months | Deys If LESS than 1 day. hrs. | to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of important | |
| | 1 | ormin. | were as follows: | Oate of onset |
| 8. Trede, profession kind of work SAWYER, BO | done, as SPINNER, OKKEEPER, etc. | | still from | |
| ≤ 9 Industry or busi | ness in which | | 3 721 | y. |
| SAW MILL, E | ne, as SILK MILL, — ANK, etc. | | | · · · · · · · · · · · · · · · · · · · |
| 10. Date deceased in this occupation | on (month and) | 11. Total time (years) spent in this occupation | | |
| | Vone | Creak b. | Other Contributory Causes of importance: | DUB HET L |
| 12. BIRTHPLACE (city or (State or country) | | -/ lud | - | |
| 13. NAME | Kussell | Harris | | |
| 14. BIRTHPLACE (cit | y or town) 2 | | Name of operation | ate of |
| | 11 | 13. | What test confirmed diagnosis? Was ti | here an autopsy? |
| 15. MAIOEN NAME | laoma (| Jennina | 23. If death was due to external causes (VIOL ENCE) fill in also the | following: |
| 16. BIRTHPLACE (cit | | nul | Accident, suicide, or homicide? Date of injury | 19 |
| 15. MAIOEN NAME 16. BIRTHPLACE (cit (Stale or cou | 3 | 7// | Where did injury occur? (Specify city or town, county | and State) |
| | ong o | Creck | Specify whether injury occurred in INDUSTRY, in HOME, or in PUI | SLIG PLACE. |
| (Address) 18. BURIAL, CREMATION | OR REMOVAL | 7/401 | Menner of Injury | |
| lago- | uc jour | Bat Topicon 19 | Nature of injury | |
| 19. UNDERTAKER (Addies) | eternical, | Lalordon | 24. Was disease or Injury in any way related to occupetion of decea | sed? |
| 20. FILED July | 11 7932 41.7 | Womiekh, | (Signed) Manuale / Vy on | i) (M. D. |
| | If more ! | Registrar. Planks are needed, address State Registrar, | (Address) ATTOWN STAND | |

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilensy Arteriosclerosis 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago July 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR FURTHER STATI | EMENTS BY | PHYSICIAN |
|------------------------------------|-----------|-----------|
|------------------------------------|-----------|-----------|

| | | F . |
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| | | |

| 4 4 4 | STATE OF MARYLAND | CERTIFICATE OF DEATH 17511 |
|--|--|---|
| a of infor | 1. PLACE OF DEATH | 34) |
| C = 5 | County (Baltimore | Registration Dist. No. |
| should f | Village or City Catronauello | No. Thring Stone / forthetativard |
| /= 0 | (11 | death occurred in a horpital reinstitution, give its NAME instead of effect and namber) |
| NS NS | Length of residence In city or town where death occurredyrsmos | . 526s. How long in U.S. If of foreign birth?yrmosds. |
| AD. Every YSICIANS | 2. FULL NAME Carlton, W. Has | sison |
| D. SIC | (a) Residence: No. 1618 Homesteach | St., Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| RECO PH Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| H. H. | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write http") word) | 21. DATE OF DEATH |
| G N.J. | Male While married | (Month) (Oay) (Year) |
| DING AANEN ACT J | 5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE | 22.00 HEREBY CERTIFY. That I attended deceased from |
| MA MA ass | (OF) WIFE Mildred Buchner Harrison | May 20 1932 to July 11 1932 |
| BIN EX EX y cla | 6. DATE OF BIRTH (month, day, and year) blee. 22.1900 | Hast saw the alive on July 11 1932 death is said |
| Eat Cat | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, 63 2 P.m. |
| FOR B. IS A PE stated E properly certificate | 3/ 6 20 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| | 8 Trada profession or particular | Wera as ronows. |
| HIS be be of | SAWYER, BOOKKEEPER, etc. Machinist | |
| RVED ould be may be back of | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9-industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc 10. Date deceesed last workad at this occupation (month and | Tresonema Tallida melute und |
| K-K-hound | 3 SAW MILL, BANK, atc. (Wonder O P. | 18 (10.) |
| INK-INK-E shou at it may son ba | a la fina occupation (month and | (ogpatus) |
| ARGIN RESTANTION AND STREET AND A STREET A STREE | year) occupation | Other Contributory Causes of Importance: |
| Z S S S S S S S S S S S S S S S S S S S | 12. BIRTHPLACE (city or town) M. Cares and | A A |
| GIN 'ADI | (State or country) | Sy Jobelia Meningetis 6-25- |
| MARG UNFA supplied n terms, ee instr | 13. NAME James O. Harrison | 0() |
| | 2 14. BIRTHPLACE (city or town) . Mary and | Nama of operation. Date of |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (State of Country) | What test confirmed diagnosis? Ulupsay Was there an autopsy? |
| PLAINLY, WITH hould be carefully OF DEATH in pla very important. | 15. MAIDEN NAME alice E. Wickes | 23. If death was due to external causes (VIOLENCE) fall in also the following: |
| car CAT Orts | 5 16. BIRTHPLACE (city or town) Mary cure | Accident, sulcide, or homicide? |
| NE AT AT | (Stata or country) | Where did injury occur? (Specify city or town, county and State) |
| AINLY, id be car DEATH y import | 17. INFORMANT ULLLE | Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| E PLAI should OF DI | (Addrags) | ••••• |
| 5.3 70 | 18. BURIAL, CATMATION, OR REMOVAL) | Manner of injury |
| WRITH mation CAUSE TION is | Radional Carl Date 17 19 4 | Nature of injury |
| WRITH MATION CAUS | 19. UNDERTAKER Cliese am Cook | 24. Was disease or injury in any way releted to occupation of deceased? |
| B. B. | (Address) 1217 SX Pacely Street | If so, specify |
| vi | 20, FILEO 7/1 19 Alande | (Signed) tames & Gazey M. O |
| > 2 | Registrar. | (Address) Calonoville (1990) |
| | If more blanks at degred Maress some Registrar. | 2411 N. Charles Street, Baltimore, Requesting 7) S. No. 7 |

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| Example I |] | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy/ | 1 week ago | |
| Chronic interstitiol nephrilis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| BUREAU V S | 1 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gostroenteritis | 1 year | |
| | | | | |
| | | | | |

certificate.

See instructions on back of

TION is very important.

OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE C | | | | 23 | |
|---|---|--------------------|-----------------------------------|---|-------------------|
| , | altimore _{City} Mount Wil | aon | | Mt. Wilson Branchegistation Dist. No. 3 | ه |
| Langth of re | sidence in city or town where | death occurred | 1 yrs 5 mos | f death occurred in a hospital or institution, give its NAME instead of street and | |
| | mce: No.11 E. Cl | | eet | St., Ward. Baltimore, Maryla | nd. |
| PERSO | NAL AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | 1 State |
| 3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE MAR | RIFD, WIDOWED, D (write the word) | 21. DATE OF DEATH July 16 | , 193 2 (Yaar) |
| 5a. If married, wido HUSBAND of (or) WIFE of | wed, or divorced | | | 22. HEREBY CERTIFY, That I attended February 10, 19 31, to July 16, | deceased from |
| 6. DATE OF BIRTH | (month, day, and year) Au | gust 6th | 1. 1882. | I tast saw h. er aliva on July 16, 19329 | ; death Is said |
| 7. AGE Ye | 9 Months | Days 10 | If LESS than 1 day, hrs. ormin. | to have occurred on the daia statad abova, at 8:05 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| | ession, or particutar work dona, as SPINNER, O R, BOOKKEEPER, etc | | | Pulmonary Tuberculosis | Jan. |
| SAW M | businoss in which as done, as SILK MILL, GO ILL, BANK, etc | | | | 1930 |
| Data decea this occ year) | sed last worked at upation (month and | 11. Total t | nt in this 2½ upation | | |
| 12. BIRTHPLACE (C | city or town) Lexing untry) Kentuc | ton, ky. | | Toxic Myocarditis and Tuberculosis of the peritoner | ? |
| 当 13. NAME W | elden Haski | ns, | | | |
| | E (city or town) ? | rginia | | Name of operation No operation Data of What test confirmed diagnosis? Xray Was there an | autonsy?NO |
| 置 15. MAIDEN N | AME Martha G | raham | | 23. If death was dua to external causes (VIOL ENCE) fill in also the following | |
| 15. MAIDEN NAME Martha Graham 16. BIRTHPLACE (city or town) Lexington, (State or country) Virginia | | | | Accident, suicide, or homicide? Data of injury Where did injury occur? | |
| 17. INFORMANT | ouis Schuer Mt. Wilso | holz n, Md. | | (Specify city or town, county and Ste Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PI | ite) LACE. |
| 18. BURIAL, CREMA | TION, OR REMOVAL Greenmount | DateJ | uly 18, 32 | Manner of injury | |
| 19. UNDERTAKER | Genry W. le | Wins a | long Per | 24. Was disease or Injury In any way related to occupation of deceased? | Vo. |
| 20. FILED LL | 1. 10 . 1932 PA | 8.8 | achas. | (Signed) John J. Anuth | |
| U | If more | blanks are needed, | | 2411 N. Challes Street, Baltimore, Requesting V. S. No. 1. | |

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| Example I | Example II | | | |
|--|---------------|--|---------------|--|
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| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis 🥍 🚈 🥌 📜 🤺 | 1921 | Run over by street car | 1 week ago | |
| Corebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| AUG 2 1842 | 1 | | | |
| Other contributory causes of importance: | . ! | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

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| 1 | 40 |
| | item |
| | Every |
| | RECORD. |
| ARGIN RESERVED FOR BINDING | UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- |
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| TO FIRE | INK |
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| 15 | 'AD |
| AK | UNF |

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified. 4

> be Jo

stated

plnods

certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

20. FILED

mation should be carefully supplied.

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 07513 |
|--|--|
| 1. PLACE OF DEATH | 94-2 |
| County Baltimore | Registration Dist. No. 38 |
| Village or City Towson, Maryland | NoSheppard and Brooch Pratt Hospital Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsfmos | ds. How long in U. S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Cruest Willingh | aw Nathaway |
| (a) Residence: No. 43/4 Willow Law (Usual place of abode) | L St., Ward. Chery Chase M If from esident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divoged HUSBAND of Cor) WIFE of Wigabeth Alely | 22. of 1 HEREBY CERTIFY That lattended deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 6. DATE OF BIRTH (month, day, and year) dug - 15-1877 | 1 last saw h. in elive on July 0 6 19 3 2 death is said |
| 7. AGE Years Months Days If LESS than 1 dey,hrs. | to have occurred on the date stated bove, at |
| 8. Trede, profession, or particular kind of work done, as SPINNER, Sales agent SAWYER, BOOKKEEPER, etc. | Coronery Thromboirs au/31 |
| 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) 11 | |
| 12. BIRTHPLACE (city or town) yarfula ohio (State or country) | Other Contributary Causes of importance: arteriosele: 1 |
| 13. NAME Salet Mathaway 14. BIRTHPLACE (city or town) | Manie Represent Prythosis Anty/31 |
| Y 14. BIRTHPLACE (city or town) (State or country) | What test confirmed diagnosis? Cal V Labor Was there an auropsy? No |
| 15. MAIDEN NAME Sarah Willinghan | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Quico (State or country) | Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? |
| 17. INFORMANT Hospital Records (Address) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Compate July 9, 1932 | Manner of injury |
| 19. UNDERTAKER Mortin W. Hysony C. (Addiess) 1800 n. st. njev. nosh. st | 24. Was disease or Injury In any way related to occupation of deceased? |

(Address) Towson, Maryland ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage ZEGI 8 | July 5,1927 | Peritonitis | 3 days ago | | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year | | |
| | | | | | |

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| 1 | | | | | |
| r contributory causes of importance: | | Other contributory causes of importance: | 9-49- | | |
| tones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |
| | May 1,1923 | Gastroenteritis | | | |

| ADDITIONAL | SPACE I | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|---------|-----|---------|------------|----|-----------|
|------------|---------|-----|---------|------------|----|-----------|

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution vive its NAME instead of street and number) PHYSICIANS .ds. How long in U.S. if of foreign birth? Length of residence in city or town statement are st. RECORD. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Year) assified. 5a. If married, widowed, or divorced BINDIN HUSBAND of 22. I HEREB CERTIFY. That I attended deceased from (or) WIFE of H 6. DATE OF BIRTH (month, day, and year) certificate to heve occurred on the date stated above, at properl 7. AGE Years Days If LESS than FOR 1 day, The PRINCIPAL CAUSE OF DEATH and related causes of importance or. min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER RESERVED be of SAWYER, BODKKEEPER, etc. may back 9. Industry or business in which should work wes done, es SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked et this occupation (month and 11. Total time (yeers) spent in this on AGE so that occupation Down instructions Other Coutributory Causes of importance 12. BIRTHPLACE (city or town) MARGIN (State or country) in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town Name of operation (State or country) What test confirmed diegnosis? carefully MOTHER ant. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury import DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. should 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, DR Manner of injury CAUSE (TION is mation Nature of injury 24. Wes disease or injury In eny way releted to occupation of deceased? (Address) If so, specify (Signed) Registrar. If more blanks are need State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | | | |
|---------------|--|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| 1915 | Attack of epilepsy | 1 week ago | | |
| 1921 | Run over by street car | 1 week ago | | |
| July 5,1927 | Peritonitis | 3 days ago | | |
| | | | | |
| | Other contributory causes of importance: | | | |
| May 1,1923 | Gastrocnteritis | 1 year | | |
| | | | | |
| | 1915 1921 July5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH pluods Jo County Baltimore . Registration Dist. No. Village or City Essex . No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city or town where death occurred______vrs.______ds. How long in U.S. If of foreign birth?_____yrs.______ds. statement RECORD. If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WJOOWEO, 21. DATE OF DEATH OR DIVORCED (qurin tha word) CIL 5a. If married, widowad, or divorced HUSBANO of HEREBY CERTIFY, Thet I attended deceased from (or) WIFE of 4 M July 1932 6. DATE OF BIRTH (month, day, end year) certificate. properly 7. AGE Years Days If LESS then to heve occurred on the date stated above, at I dev.____hrs. Stillborn or min. Oate of enset 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION back 9 Industry or business in which may plnods work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10. Oeta deceased last worked at 11. Totel time (years) spent in this this occupation (month and occupation _____ instructions Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town). (Stata or country) supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation. plain (State or country) carefully What test confirmed diegnosis? _____ Wes there en autopsy?____ MOTHER very important. 15. MAIOEN NAME 23. If death wes dua to external causes (VIOLENCE) fill in also the following: Ë 16. BIRTHPLACE (city or town) Accident, suicide, or homicida?______ Oate of Injury_____ 19 (State or country) Where did Injury occur? ___ (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. should OF (Address) 18. BURIAL CREMATION, OR REMOVALS -WRITE Menner of injury 18 CAUSE mation LION Natura of Injury. 24. Wes disease or Injury In any 19. UNDERTAKER (Address) If so, specify (Signed). Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory cases of importances Other contributory causes of importance: Gallstones May 1.1923 1 year

V. S. No. 1

| | County T | altimore | 00. | 4 2 200 | Registration Dist. No. | | |
|---------|---|------------------------|-----------------------------|---|--|--|--|
| | Village or City | | 0.1 | 5 yrs. 3 (li | No. St., Warden St., St., Warden St., St., Warden St., St., Warden St., St., St., St., St., St., St., St., | | |
| 2 | FULL NAME. | 47 | | Hildebran | | | |
| | (a) Residence: No | . 5 G] | | Ave. Cato | onsy,ille, waldd. If nonresident give city or town and State | | |
| | PERSONAL A | ND STATIST | ICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| | Female V | hite | 5. SINGLE, MA OR DIVORCE | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) | | |
| 5a. | If married, widowed, or of HUSBAND of (or) WIFE of Far | | lebrand | | 22. HEREBY CERTIFY, That attended daceasad f | | |
| 6. E | ATE OF BIRTH (month, | day, end year) Ma | arch 29 | 1907. | I light saw h 2 alive on July - 18 192 death is | | |
| 7. / | | Months 3 | Days 20 | It LESS than I day, hrs. ormin. | to have occurred on the date stated above at | | |
| JPATION | 8. Trade, profassion, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEPER, atc. | | | | Mysearthis (Smonthistery) | | |
| סככת | 10. Data dacaasad last this occupation (| worked at month and | SP | time (yaars) ent in this cupation | | | |
| 12. | BIRTHPLACE (city or to (State or country) | · DII (nv | | | Other Contributory Causes of Importenca: | | |
| 2 | 13. NAME Alber | t Molof: | f | | | | |
| FATHER | 14. BIRTHPLACE (city of | r town) N · Y | • | | Name of operation Date of Was there an au'opsy? | | |
| ER | 15. MAIDEN NAME C. | lara Wie | gand | | 23. If death was due to extarnal causes (VIOLENCE) fill in also the following: | | |
| MOTHER | 16. BIRTHPLACE (city of (State or county) | | 0. | | Accidant, suicide, or homicide? | | |
| 17. | INFORMANT Ear (Addrass) | E. Hildenwood | lebrand Ave. Ca | tonsville | (Specify city or town, county and State) Spacily whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| 18. | BURIAL, CREMATION, O | | Data Ju | ly 22,1932 | Mannar of injury | | |
| 19. | UNDERTAKER 410. | erry L'Edmond | Son Ave | italu | 24. Was disease or injury in any way related to occupation of deceasad? | | |
| 20. | FILED 7/22 | , 199 | Ulm | Registrar. | (Signad) 4200 Hayring | | |

07517

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example 1 | 1 | Example II | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy . | 1 week ago | | |
| Chronic interstitial nephritis 116 5 747 | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 doys ago | | |
| BUREAU V.S. | 1 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | s | | | |

| ADDITIONAL SPACE FO | R FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------------|-----------|------------|----|-----------|
|---------------------|-----------|------------|----|-----------|

MARGIN RESERVED FOR BINDING

V. S. No. 1

20, FILED.

| | STATE | OF MAR | YLAND- | CERTI | FICATE | OF DE | EATH | 07518 |
|------------|--|--------------|--|----------------|-----------------------|------------------|---------------------------------|-------------------|
| 1 | 1. PLACE OF DEATH | | 3 | 27 | 100 | | | |
| | County Baltimore | | | | | Registrat | ion Dist. No | 7 4 |
| | Village or City Colg | ate | | No | | | St., | Ward |
| | | | | / | | | AME instead of street a | and number) |
| | Langth of rasidance in city or town when | | yrsmos | ds. | now long in U.S.II | of foreign birth | yrs | mosds. |
| 2 | 2. FULL NAME Mary Ho | | | | | | | |
| | (a) Residence: No. 1327 O | ooksie St | | St., | Ward. | | | ***** |
| | | (Usual place | | 1 | | | dent give city or town | |
| _ | PERSONAL AND STATIS | | | | | CERTIFICA | TE OF DEAT | 1 |
| | female 4. COLOR OR RACE | | RRIED, WIDOWED. ED (write the word) | 21. DAT | E OF DEATH | July | 23 rd | 2 |
| _ | . If married, widowed, or divorcad | 1 41200 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | (Month) | (Day) | (Year) |
| 00. | HILCDAND of | an Hoffma | n | 22. | HEREA | | Fy. That I atten | ded deceased from |
| 6 | DATE OF BIRTH (month, day, end year) | 2/17/186 | | I last sew h | ela alive on | July , | 2 nd 195 | 2 death is said |
| - | AGE Years Months | Days | If LESS than | to heve occ | urrad on tha data sta | lad above at 3 | 40 p | |
| | 7I 5 | 6 | f day,hrs. | I HE E KINC | PAL CAUSE OF DEA | ATH and ralated | causas of importance | |
| _ | 8. Trade, profession, or particular | | ormin. | were as fol | iows: | | | Data of onset |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc | at home | | 1 Toron | reho-h | Luxon | a fol | J- July 16 " |
| PAT | 9. Industry or business in which | | | lour | no ill | lucin | 1 | 11932 |
| S | work was done, es SILK MILL, SAW MILL, BANK, etc. | | | | / | y | /- X | |
| 0 | 10. Date decaasad lest worked et this occupation (month and | 11. Total | time (years) ent in this | | | | | |
| | yaar) | oct | upation | Other Contr | ributory Causes of Im | nortanea: | | |
| 12 | BIRTHPLACE (city or town) Ger | many | | | | | | Charadiste |
| _ | (State or country) | | | Coul | e dilate | tion | of heart | 5 |
| ER | 13. NAME John Ader | | | | | | / | |
| FATHER | 14. BIRTHPLACE (city or town) | Germany | | Name of op | eretion | Love | Date | of |
| E. | (State or country) | | | What test co | onfirmad diagnosis | is. Truedin | Was thara | an autopsy! No |
| MOTHER | 15. MAIDEN NAME dont kno | W | | 23. If deeth v | wes due to externel c | auses (VIOL ENC | () E) fiil in elso the follo | wing: |
| 101 | To. DIKTITI LACE (City of town) | ermany | | Accident, su | ulcida, or homicida?_ | | Date of Injury | , 19 |
| ~ | (State or country) | | | Where did I | njury occur? | (Specify cit | y or town, county and | State) |
| 17 | (Address) Mrs Frederick (Address) Oriole AveC | | | Specify who | ether Injury occurred | In INDUSTRY, I | HOME, or in PUBLIC | PLACE. |
| 18 | B. BURIAL, CREMATION OF REMOVAL Place Dallings | me lel | 125 1982 | Manner of i | njury | | ***** | |
| | Place & | Date_41 | , 190% | Nature of in | njury | | | |
| 19 | UNDERTAKER John US | ericas V | | 24. Was dise | ase or injury in any | way ralated to o | ccupation of daceesed | No |
| | (Addrass) / 2008 (| sleans. | 4 | If so, speci | | | /0 | |
| | (/ | / | | | 21- | 0 . | 1. () a (). | - 0 |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

S (Address) L. VIK-

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc.//For a person ho had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wares,

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Of contributory causes of importance: | | Other contributory causes of importance: | |
| ilstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

| STATE OF | F MARYLAND— | CERTIFICATE OF DEATH | 07519 |
|--|---|--|---------------------------------------|
| 1. PLACE OF DEATH | | (80) | 0 |
| County Balto. | *- <u>_</u> | Registration Dist. No. | 0 |
| Village or City Stone | leigh | No. 6807 York Road death occurred in a hospital or institution, give its NAME instead of street and | Ward |
| Length of residence in city or town where dea | | ds. How long In U.S. if of foreign birth? yrsn | |
| 2. FULL NAME Eliza | beth a. Ho | ot. | |
| (a) Residence: Np. 6807 | York Roa | CSt., Ward. | |
| | (Usual place of abode) | If nonresident give city or town an | d State |
| PERSONAL AND STATISTIC | | MEDICAL CERTIFICATE OF DEATH | |
| Famala White | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (regrite the word) Warrie El | 21. DATE OF DEATH (Nonth) (Day) | , 193. Z (Year) |
| 5e. If married, widowed, or divorced HUSBAND of Court ban land | O. Hook | 22. I HEREBY CERTIFY. Thet I ettended about 19ear 19 to fully 8- | decoesed from |
| 6. DATE OF BIRTH (month, day, end yeer) | ab 2rd 1846 | I last saw her elive on bushy 2 19.32 | .; death is said |
| 7. AGE Yeers Months | Deys If LESS than | to heve occurred on the date stated above, at 6 2 atm. | |
| 86 5 | 6 I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: | Date of onset |
| 8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc | Nous | Talos dorralis | |
| ndustry or business in which work was done, es SILK MILL, | | | |
| SAW MILL, BANK, etc. | 11 74-18 | | |
| O Date decessed last worked at this occupetion (month and yeer) | 11. Totel time (years) spant in this occupation | | |
| 92 | | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) (Stete or country) | ne | | |
| 13. NAME Hukan | own | | |
| 14. BIRTHPLACE (city or town) | | Name of operation. | |
| (Stele or country) | UneKnown | Whet test confirmed diegnosis? Wes there an | eu'opsy? Zea. |
| 15. MAIDEN NAME Claiza & | eth Lec | 23. If death wes due to external causes (VIOLENCE) fill in elso the following | |
| 15. MAIDEN NAME | Powson | Accident, suicide, or homicide? Dete of Injury | , 19 |
| (Stete or country) | nd | Where did injury occur? | |
| 17. INFORMANT Harry W. (Address) Town | Hook (Sou) | (Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P | LACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | 7/11 | Manner of injury | |
| Plece Les sujas ned | Dete | Nature of injury | |
| 19. UNDERTAKER Win Co (Address) /2/7. | If Paul of | 24. Was disease or injury in any wey releted to occupetion of deceased? | · · · · · · · · · · · · · · · · · · · |
| 20. FILED 14 9 1932 M | 2 P. Bittler | (Signed) H. G. Prentiss (Address) 634 Gorands an | M. D. |
| If more hi | anks are needed, address State Registrar. | 2411 N. Charles Street, Baltimore Requesting T. S. No. 1 | |

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| 1 | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| 5 | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis . | 1 year. |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

V. S. No. 1

| | PLACE OF DEATH | STATE OF MARYLAND |
|---|---|--|
| | County Galtings 530 | CERTIFICATE OF DEATH |
| | Sally | Registration Dist. No. 1 |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Female White Single, Married, High Wildowsch. OR DIVORCED (Write the word) | 16 DATE OF DEATH 1982. (Month) 25(Day) 1832(Year) |
| | (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | 7 AGE If LESS than I day hrs. or min. | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| - | (a) Trade, profession or particular kind of work | acciclent |
| | (b) General nature of industry business, or establishment in which employed or (employer) | (Duretion)yremosde. |
| | 9 BIRTHPLACE (State or country) Baltimore Country | Contributory Secondary Author Author |
| | 10 NAME OF FATHER WIN / FUCLIST | (Signed) Turner R BEANNAM. D. Muly 25 198 (Address) R 10 B 48 Sparrow |
| | OF FATHER (State or country) (State or country) | State the Disease Causing Death, or in eath From Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. |
| | of Mother Ela May no haughin | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsds. In the Stateyrsds. Where we disease contracted. |
| | (Informant) William NUME | if not at place of death? Former or usual residence. |
| | (Address) Eastern Our 11th House fun | 19 PLICE OF BURIAL OR REMOVAL DATE OF BURIAL 1-78-, 1933 |
| | 15 Filed July 25 192 J. G. Connelly Registrar | ack level he 1439 & Dalte. |
| | If more branks are needed, address State Registrat | r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as ν_{ny} laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the gad of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic valvular heart disease; Nomenclature of the etc. The contributory

American Medical Association.

If this certificate is looked over thoroughly and all questions answered in detail, it will provot further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

ż

| 1. PLACE OF DEATH | nr | (181) | | | |
|--|----------------------|--|-----------------------------|--|---------------|
| County / Da | llemore | | Registration | Dist. No. 4 | |
| Village or City | Halethorpe | No. (Il death occurred in a horpital or sds. How long in U | | | |
| 2. FULL NAME FO | la Isalell | e Johnson | | | |
| (a) Residence: No. | Hale tho | fee St., Ward. | If nonresident | give city or town and | d State |
| PERSONAL AND STA | TISTICAL PARTICU | ARS MEDICA | AL CERTIFICATE | | - Diago |
| 3. SEX 4. COLOR OR RAC | OP DIVOPORT (| WIDOWED, ite the word) 21. DATE OF DEA | | 2/ (Day) | , 193 Z |
| 5a. If married, widowed, or divorced HUSBAND of (er) WIFE of C. DATE OF RIRTH (month, day, and yeer) 7. AGE Years Mon | Oct 2 | 1884 I last saw h. 122 olive | EBY CERTIF | Y. That I attended | ***** |
| | 9 19 11 | to have occurred on the da ay,hrs. The PRINCIPAL CAUSE O were as follows: | F DEATH and related cause | 2. /m. es of importance | Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNI SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | 11. Total time (| eers) | udo Cardite glumat | o Lė | 1928 |
| year) 12. BtRTHPLACE (city or town) (State or country) 13. NAME Chao | occupation to Shales | Other Contributory Couses | of importance: | • | |
| 13. NAME Chas 14. BIRTHPLACE (city or town) (State or country) | alto lo | Name of operation | osis? Stethescope | Dete of Was there an | autopsy? |
| 15. MAIDEN NAME Exital 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) | alto lu Ansland | 23. If death was due to exter Accident, suicide, or homici Where did injury occur? | rnal causes (VIOL ENCE) fil | I in also the following Date of Injury | g: ,19 |
| 18. BURIAL, CREMATION, OR REMOVAL Place Loudon Par | L Date 7/25 | Manner of injury | | | |
| 19. UNDERTAKER States | Brooks OSon | 24. Was disease or injury in | any way related to occupa | ation of deceased? | no |

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can de known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation. 9.-The industry or business in which the work was done.

II.-The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

State In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.

chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methe particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter,

should be called a salesman and not a clerk.

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

| I year | Gastroenteritis | 2261,1 yoM | Gallstones |
|---------------|---|---------------|--|
| | Other contributory causes of importance: | | Other contributory causes of importance: |
| g quis ago | Perdonius | 1261, 3 ylu l | Сегерга! ћетоггћаде |
| opp Assu I | Run over by street car | 1261 | Chronic interstitial nephritis |
| ogn Meek ago | The principal cause of death and related causes of importance were as follows: Auack of epilepsy | 9161 | of importance were as follows: Arteriosclerosis |
| Date of onset | The principal cause of death and related causes | Jean to else | Example I The principal cause of death and related causes |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

OCCUPA-

Exact statement of

| STATE OF MARYLAND—CERTIFICATE OF DEA | STATE OF | MARY | AND- | CERTIF | ICATE | OF | DEATH |
|--------------------------------------|----------|------|------|--------|-------|----|-------|
|--------------------------------------|----------|------|------|--------|-------|----|-------|

| 8 . | -By | pa- | 43 | 9 |
|-----|-----|-----|----|----|
| EP | 1 | 1 | | 1. |
| U | | U | 4 | - |

| 1. PLACE OF DEATH | (183) |
|---|--|
| County Baltimore | Registration Dist. No. 44 |
| Village or City middle River (1) | No. Bull nich leuch St, Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | ds. How long In U.S. it of foreign birth?yrsmos ds. |
| 2. FULL NAME Gerald Jones | |
| (a) Residence: No. 1955 Patterson (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Solution of Divorced (write the word) Alute 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH July 17 th 193 to (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of | |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attanded deceased from |
| 6. DATE OF BIRTH (month, day, and year) 2000. 14, 1901 | |
| 6. DATE OF BIRTH (month, day, and year) 2000. 4, 1901 7. AGE Yaars Months Days If LESS than | to have occurred on the date stated above, at 7 m. |
| 30 0 3 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Yrade, profession, or particular | were as follows: Oate of onset |
| SAWYER, BOOKKEEPER, etc. | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) | 10, mon |
| WORK Was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 11. Total time (years) this occupation (month and year) 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) Ballo. (Stata or country) md. | Other Coutributory Causes of importance. |
| | |
| 13. NAME James H. Jorces 14. BIRTHPLACE (city or town) | |
| 4 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) | Name of operation |
| ce | What test confirmed diagnosis? Was there an autopsy? _ MS |
| 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide (Control Date of Injury 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| O 16. BIRTHPLACE (city or town) (State or country) | |
| 17, INFORMANT adelia Jones | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 1955 n. Politifan Pk. Come, | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Loudin and Oate July 19, 1932 | Nature of injury |
| 19. UNDERTAKER Str. Dormelly (Address) Essay md. | 24. Was disease er injury in eny way related to occupation of deceased? |
| 20. FILED Fily 19, 1932 John G. Connelly Registrar. | (Signed) Jacob Dallman Coroner m.o. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | 1 | | |

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

| County Baltimole Village or City Bear Creek Length of residence in city or town whera death occurred yers mos. 2. FULL NAME Herman Therman | NoSt.,Ward leath occurred in a hospital or institution, give its NAME instead of street and number) |
|---|---|
| Village or City Bear Creek (If de Length oI residence in city or town whera death occurred 7 yrs mos. | NoSt.,Ward |
| 71 71 | |
| 2. FOLL WANTE Jeerman | and. |
| (a) Pacidonas No E - 1 Carley | Ballin City |
| (a) Residence: No. Ceptanade Cusual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH (Mont) (Mont) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of | |
| (or) WIFE of wollie M. Hengood | I HEREBY CERTIFY, That I attended deceased Iron |
| 20 1 - 1.0-0 | Hast saw h remalive on July 10, 193 1; death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day If LESS than | to have occurred on the data stated abova, at |
| 73 4 2 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and caletad causes of importance were as follows: |
| 8. Trade, prolession, or particular | augua rectoris 193 |
| kind oil work done, as SPINNER SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and | negocarditio |
| 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. | Hypertensive C. V. desease |
| SAW MILL, BANK, atc | 0 * |
| O this occupation (month and spant in this occupation occupation | |
| | Other Contributory Causes of Importanca: |
| 12. BIRTHPLACE (city or town) (State or country) | Pulmohan al dema |
| | Jumpay Status |
| E regime | N d |
| 4. BIRTHPLACE (city or town) (State or country) | Name of operation |
| | What test confirmed diagnosis? Was there an autopsy? |
| I TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TO THE TOTAL | 23. If death was due to external causes (VIOLENCE) fill In also the Iollowing; Accident, suicide, or homicida? |
| O 16. BIRTHPLACE (city or town) (Stata or country) | Where did injury occur? |
| Man of all | (Specify city or town, county and State) |
| (Addrass) 6/04/sul blad b Clue | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner ol injury |
| Platet Shalow Datefuly 12, 1932 | Natura of Injury |
| 19. UNDERTANE Price Sometime - Sont | 24. Was disease or injury in eny way related to occupation of deceased? |
| 20. FILED July 0 182 John S. Connelly | (Signed) D. Mir lun Lunde M. D. |
| Registar. | (Address) 10 × Medical acts 18dg. |

V. S. No. 1

B ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

Exact statement of OCCUPA-RECORD. Every item of inforstated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important. B.—WRITE PLAINLY,

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 07524 |
|---|--|
| 1. PLACE OF DEATH | 180 |
| County (Jallingo) | Registration Dist. No. |
| Village or City Cockespanille | ND. St. Ward |
| (II | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | ds. How long in U.S. if of foreign birth?yrs mos,ds. |
| 2. FULL NAME Hazel & Kirsly | |
| (a) Residence: No. 2509 Galison (Usual place of abode) | Slist . Bward truvel, Med. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| terude celute OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of Calvin 1. Resolution | 22. I HEREBY CARTIFY. That I attended deceased from |
| garly 1932 | , 19, to |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | I last saw h alive on, 19; death is said |
| 1 2 17 I day,hrs. | to have occurred on the date stated above, atm. The RRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: |
| o hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laured Luse | aroung |
| 9. Industry or business in which | (alexidental) |
| work was done, as SILK MILL, SAW MILL, BANK, etc | a commence of |
| 11. Total time (years) this occupation (month and | |
| year) occupation occupation | Other Contributory Canses of importance: |
| 12. BIRTHPLACE (city or town) Manyland (State or country) | Other Contributory Causes of Importance; |
| II 13. NAME J. C. Cashley | |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country) | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Qualitus Cruck | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| ∑ (State or country) | Where did injury occur? |
| 17. INFORMANT Hilda a. Hill. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) Rock Hall Ma | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Work Hall Date July 17, 1932 | Nature of injury |
| 19. UNDERTAKER Um C Brooks + San | 24. Was disease or injury In any way related to occupation of deceased? |
| (Address) Sparles, Marketand | If so, specify |
| 20 FILED Joly 12 1982 H. P. Buth | (Signed) War F. Lester Coroner M. D. |
| All Remitteer | (Address) Sowoon, and |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 4i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: 1 V 2 4 1 1 | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | BECEIVED | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones May 1,1923 | | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL S | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-----------|---------|------------|----|-----------|
|--------------|-----------|---------|------------|----|-----------|

| PLACE OF DEATH County Saltuna | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 42 |
|---|--|
| Village or haustwing (No. 2FULL NAME Fredericka B, | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, WHOOMEO OR SIVORCED (Write the word) 6 DATE OF BIRTH | 16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That 1 attended the deceased from 2 1932 to July 2 5, 1923 2 |
| (Month) (Day) (Year) 7 AGE 4 4 yrs. mos. 26 ds. or min. | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF | Contributory Addisons D. Class. Secondary (Duration) (Duration) (Duration) (Signed) (Signed) |
| FATHER John Jelmerder 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CULTURALLY 13 BIRTHPLACE OF MOTHER (State or country) Plantice OF MOTHER (State or country) | State the Disease Causing Death or, an Irchia Archia Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yre mos de. Where was disease contracted, |
| (Informant) Charleston Rue. (Address) Charleston Rue. Filed My 261932 Heristra | Where was disease of death? Former or usual residence. 19 PLACE OF BURIAL OB REMOVAL PATE OF BURIAL 20 UNDERTAKER Dill ADDRESS Treda 1443 |
| If more blanks are needed, address State Registre | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without Laborer, Laborertired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; is sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Spinner, (b) Cottan mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g. Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, For many occupations a single word or term on without more precise specification as Day Compositor, For persons Stationary fireman, etc. But in many Architect, wagipation has

DISEASE CAUSING
ing of illness. If retired inie indicated thus; Farmer (reins who have no occupation

Name, first, the DISion with respect
acception

Tacception

Anne -Coul mine, etc. Locomolive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinol to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") pneumania, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," telanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PJERPERAL septicacomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, onen-inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need not Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid Never report more symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature of the Medsles ;

answered in detail, it will prevent further correspondence. A Itne

That i attended deceased from 17, 19 32 19 32; daath is said

Date of onset

8 months

Was there an autopsy?____

weeks

| 1. PLACE OF DEA | тн | | | (53) | | | |
|--|---------------------|---------------------------------------|--|---|--|--|--|
| County Baltin | nore | | Registration Dist. No. 43 | | | | |
| Village or City S | temmer's | | | No. Ridge Rd., Stemmer's Run P. St., f death occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| Length of residence in c | ity or town whara o | faath occurred | yrsmos | ds. How long In U.S. If of foreign birth?yrsmos | | | |
| 2. FULL NAME | | Anthony K | | | | | |
| (a) Residence: No. | Ridge Rd. | , Stemmer (Usual place | 's Run, P. of abode) | O • St., Ward. If nonresident give city or town and Sta | | | |
| PERSONAL AN | ND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | | | |
| | or or race | 5. SINGLE, MAR OR DIVORCE Singl | RIED, WIDOWED, D (write tha word) | 21. DATE OF DEATH July (Month) (Oay) | | | |
| 5a. tf marriad, widowad, or div HUSBANO of (or) WIFE of | orcad | | | 22. HEREBY CERTIFY, That i attended dec. November 9, 1931, to July 17, | | | |
| 6. DATE OF BIRTH (month, da | ay, and yaar) Nov | ember 9, | 1931 | Hast saw h im ativa on July 17, 19 32; di | | | |
| 7. AGE Yeers | Months 8 | 0ays 9 | If LESS than 1 day,hrs. ormin. | to heve occurred on the data stated abova, at 8A m. Tha PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows: | | | |
| 8. Trade, profession, or particular size of work done SAWYER, BOOKKE | , as SPINNER. | None | | Intestinal obstruction due to 6 Pelvic Sarcoma 8 m | | | |
| 9, Industry or business | n which | | | Drimary in perineal region, between the | | | |
| SAW MILL, BANK, 10. Data deceased last we this occupation (myaar) | onth and | spa | ima (yaars) nt in this upation | bladden and rectum ? Owlet. | | | |
| 12. BIRTHPLACE (city or town (Stata or country) |) Balti Maryl | | ıty | Other Contributory Causes of importance: | | | |
| 13. NAME John John John John John John John John | | -0. | | | | | |
| 14. BIRTHPLACE (city or | own) Balt | imore Cit | ży | Neme of oparation | | | |
| (Stata of country) | | ryland | | What tast confirmed diagnosis? Was there an auto | | | |
| 15. MAIOEN NAME ATI | own) Balti | more Co. | 23. If daath was dua to axternat causes (VIOLENCE) fill in atso the following: Accident, suicida, or homicida? Oate of injury, Whara did Injury occur? (Specify city or town, county and State) Specify whether injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE. | | | | |
| 17. INFORMANT John | Joseph Ko | elber | | | | | |
| (Addrass) Ridge 18. BURIAL, CREMATION, OR Place_S | REMOVAL | 0 1 | Manner of injury | | | | |
| 19. UNDERTAKER A | arles of | mondson | ille. | 24. Was disaase or injury in eny way raland to occupation of daceasad? | | | |
| 20. FILEO 7/19 | 1932 5 | 1.a. t | ntoms | (Signad) S717 Relair PA: L. Wilking | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Addrass) 5713 Belair

FOR BINDING

MARGIN RESERVED

PHYSICIANS should

classified

properly

CAUSE OF DEATH in plain terms, so that

mation should be carefully

-WRITE PLAINLY,

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machine, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroentcritis | 1 year | | |
| | | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN | V |
|------------|-------|-----|---------|------------|----|-----------|---|
|------------|-------|-----|---------|------------|----|-----------|---|

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

V. S. No. 1

TION is very important. See instructions on back of certificate.

| | STATE C | OF MARYLAND- | -CERTIFICATE | OF DEA | ATH 07 | 527 |
|--|---|---|--|----------------------|---------------------------------------|-----------------|
| 1. PLACE | OF DEATH | | (46) | | | |
| / County | Dallo | · | | Registration | Dist. No. 3 | 3 |
| Village or | city If ooder | sburg | No. | | St | Ward |
| land to 1 | , | do | If death occurred in a hospital or institu | | E instead of street and | number) |
| | esidence In city or town where | death occurred yrs, m | osds. How long in U.S. if o | of foreign birth? | yrsr | nosds. |
| 2. FULL N | AME Julia | U. Leaf | | | | |
| (a) Reside | ence: No. 34 ooch | (Usuat Blace of abode) | St.,Ward. | If nonwident | give city or lown an | 1.0 |
| PERSO | NAL AND STATIST | ICAL PARTICULARS | MEDICAL C | | OF DEATH | d State |
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | 1 | OI DEXIII | |
| Finale | It hite. | OR DIVORCED (write the word) | Jac | ly | 2/ | ., 193 |
| 5a. If married, wide | owed, or divorced | surge | | (Month) | (Day) | (Year) |
| HUSBAND of (or) WIFE of | | | 22. HEREBY | CERTIF | Y. That ettended | deceased from |
| | 1 | nd INI. | pisa 15th | 192 | my 2/ | , 19.3.2 |
| | H (month, day, and year) | in 28. 1867 | last saw h | traff | 193 | ; death is said |
| 7. AGE Y | Pears Months | Days If LESS than 1 day, | to heve occurred on the date state. The PRINCIPAL CAUSE OF DEAT | | m. | |
| A Tendo and | | ormin. | were as follows: | Iti end leigted cans | / / / / / / / / / / / / / / / / / / / | Date of onset |
| kind of | fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc | | 6-11-10- | | <i></i> | |
| NOLLAND SAMAR SAMA | r business In which | 1 , | - Lancy | | <u> </u> | |
| SAW M | r business In which was done, as SILK MILL, 24 MILL, BANK, etc. | use pupu | - Corect | can f | | |
| | ased last worked at cupation (month and | 11. Total time (years) spant in this | | | | |
| year) . | | occupation | Other Coutributory Causes of Impo | ortence: | | |
| 12. BIRTHPLACE (| | h. 65 | | 1-1 | | |
| (State or co | ountry) | 11 | myreare | teal o | Clongo | |
| 13. NAME | parov | deaf. | gylion | | | |
| 14. BIRTHPLA | CE (city or town) | / | Neme of operation | | Date of. | |
| 1 (31010 | or country) | 4 10 | What test confirmed diagnosis? | | Was there an | autopsy? |
| 15. MAIDEN N | IAME PINCH | Jul | 23. If death wes due to externel cau | uses (VIOLENCE) fi | II in also the following | ig: |
| 16. BIRTHPLA | CE (city or town) | *************************************** | Accident, suicide, or homicide? | | Date of injury | , 19 |
|) (State | P Living It | Rh. Ileu | Where did Injury occur? | (Specify city or | town, county and Si | ale) |
| 17. INFORMANT (Address) | Bu Sister | Mid | Specify whether injury occurred in | n INDUSTRY, in HO | ME, or in PUBLIC P | LACE. |
| | ATION, OR REMOVAL | na v | Manner of Injury | | | |
| Plece al | (- Saints Gen | 1 Date July 23 1932 | Nature of Injury | | | |
| | 1 F Eline + | Sens | 24. Was disease or injury In eny w | en related to seem | ation of farmed? | |
| 19. UNDERTAKER _ (Address) | Rustintoer | md | If so, specify | ay related to occup | etion of deceased?. | e |
| 000 | 421.35 7 | V. M. 10 | (Signed) | 1.1 | Mell | / M. D |
| 20. FILED. | 199 - | Registrar. | (Address) le | testos | who met | , |
| V | If more | blanks are needed, address State Registra | , 2411 N. Charles Street, Baltimore, Re | equesting U. S. No. | z. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example 1 | | Example II | | | |
|--|---------------|--|---------------------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | | |
| Chronic interstitial nephritis BUREAU V. | 5 . 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| Other contributory causes of importance: | W 4 4000 | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

07528

| | 1. PLACE | OF DEA | TH | | | | - R | | | | | |
|--|--|--------------------------------|------------------------|-----------------|--|--|-----------------|---------------------|-----------|-------------------------|----------------|--------------------------|
| | County_ | Balt | imore | | | | | Rep | gistratio | n Dist. No. | 32 | |
| | Village or City Pikes ville, (I Length of residence in city or town where death occurred yrs, more | | | | | | in a hospital o | Marnet | Rd. | ME instead of | St.,street and | Ward number) osds. |
| | 2. FULL N | | | . Leaf | | | | | | | | |
| | | dence: No | 5908 | Marnet Ro | | St., | Ward. | lf i | nonreside | nt give city or | town and | I State |
| | PERSO | DNAL AN | D STATIST | ICAL PARTI | CULARS | | MEDIC | AL CERTII | - | | | |
| 3. | Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | | | | | | OF DEA | TH July (Mont | h) | 30, | | , 193 2 (Year) |
| 5a | HUSBAND of HUSBAND of (or) WIFE o | f | | E. Leaf | | 22. August | I HER | EBY CE | RTII | FY, That I | attended | |
| _ | DATE OF BIRT | Yeers | Months | No vember Days | 13, 1870 If LESS than 1 day,hrs. | I last saw h. | im alive | | et 3. | 30, 00P _m | , 19. 32 | ; death is sald |
| OCCUPATION | O.L. 8 17 ormin. | | | | | | ows: | of rectu | | | | Date of onset |
| | BIRTHPLACE (State or o | (city or town) | Mary | land | pation | Other Coutr | ibutory Causes | of Importance: | | | | - |
| JER | 13. NAME | Joshus | a Leaf | | | | | | | | | |
| FATHER | | ACE (city or to or country) | wn)Mar | yland | | Name of ope | ration | nove | | l Was | Date of | |
| HER | 15. MAIDEN | NAME ME | argaret M | 1. Ritter | | | | rnal causes (VIO | | | | |
| MOTHER | | ACE (city or to or country) | wn)Mar | yland | | Accident, suicide, or homicide? | | | | | | |
| 17. INFORMANT Mrs. Margaret M. Leaf (Address) Pikesville, Md. | | | | | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, | | | | | e) ACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olive Date Aug. 1, 19.32 | | | | | | | | | | | | |
| 19 | . UNDERTAKER (Address) | | ver Berry Reisterst | man own, Md. | | | se or Injury Ir | any way-relate | | | | |
| 20 | , FILED. J | uly 30 | 9 32 Dr | . E. E. | Nichols Registrar. | (Signed |)(Address) | 9 / (A | Cesvi | 110.1 | 2 | M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V. S.

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|--|---------------|--|---------------|
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| • | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. LNT-RECORD VITH UNFADING INK-THIS IS A PERMA. MARGIN RESERVED FOR BINDLY WRITE PLAINLY

V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|---|---|
| County Balfunal | CERTIFICATE OF DEATH |
| | Registration Dist. No. 32 |
| Village or City Levenson (No | St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. Marrieo, OR DIVORCED (Write the word) | 16 DATE OF DEATH July 15th , 15g) |
| 6 DATE OF BIRTH (LA) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw he slive on 192 |
| 7 AGE ISLESS than I day hrs. | and thee death occurred on the date stated above, at |
| 03 yrs. 4 mos. 4 ds. or min.? | Strongulation by |
| (a) Trade, profession or particular kind of work (b) General nature of industry | brougeting - servede |
| business, or establishment in which employed or (employer) | (Duration) yrs, mosds. |
| 9 BIRTHPLACE (State or country) manyland | Contributory Secondary (Duration) yrs grijosds. |
| 10 NAME OF Leve Linds ay | (Signed) Christian Hy Commen |
| State or country) 12 MAIDEN NAME M 12 MAIDEN NAME 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Frand a Hoope | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) manyland | At place of death yrs ds. In the State yrs ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at plece of dea.h? |
| (Informant) homo Jesse Lundsay | Former or usual residence |
| (Address) Stotus on mar | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Lames Courses Luly 18, 19 32 |
| 15 Filed Jacky 16, 1932 Ja, & & Techols. | 20 UNDERTAGER CONTROL DONNESS Devled III |
| If more blanks ere needed, addres State Registran | r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopnsumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. or as probably such, if impossible to determine definitely. "(Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| | 177 |
|---|---|
| PLACE OF DEATH | STATE OF MARYLAND |
| County Daltimore | CERTIFICATE OF DEATH |
| | Registration Dist. No. YY |
| Tillago or City Ordans Cove (No. | Ward) (If death occurred a hospitul er institution, give its NAME |
| 2FULL NAME JOSEPhne dor | att stend of street a number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH July 26, 193; |
| DATE OF BIRTH Dec 28 1976 | THEREBY CERTIFY, That Jattended the decessed from 1932 to Le 26 183 |
| (Month) (Day) (Year) | thet I last eaw h & alive on 24 19 |
| AGE If LESS that I dayhr | s. The CAUSE OF DEATH * was es follows; |
| B OCCUPATION (a) Trade, profession or particular kind of work | for interes |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs of mos |
| (State or country) Paltman Cit | Contributory Secondary (Duretion) yrs inos |
| 10 NAME OF Christopher Sebald | (Signed) 7.2. Tz & Krimzey M. |
| U II BIRTHPLACE OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury end (2) whether Accidental, Suicidal or Homicidal. |
| of Mother don't Know | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or country) State or country) | At plece of death yrsds. In the State yrs |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOW EDGE | Where was disease contracted, if not at place of death? |
| (Info.mant) | Former or 2709 Singly av |
| (Address) 2709 Twoly are | Parkwood Cem July 9, 19 |
| Filed July 2 8 1922 J. Y. Camella Regional | Mr Mus John Mr. Tenfel Son 80, W. Trayett |
| If more blanks are needed, address State Registra | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cond. en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grovery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: '(a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b, the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," (Teal-Cavil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomotive engineer.

Statement of Cause of Death—Name, first, the DIS-FASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); "what pneumonia. Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart ranne," "Old Age," "Shock," "Tranition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, totanus) may be stated under the head of "contributory." carbolic acid-probably sucide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condig cough; Chronic interstitial nephritis, etc. valvular heart The contributory discuse

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate as permanently filed.

should state of OCCUPA-

PHYSICIANS

properly classified.

stated

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.—WRITE PLAINLY

ECORD. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 6. | -0, | gov. | 0 | -0 | |
|-----|------|------|-----|-----|--|
| 1 | 1 | 21 | . 4 | - 2 | |
| 4.1 | -6 - | 5 | 27 | 4 | |

| | 1. PLACE OF DEATH | 91-2 | | |
|---------------------------|--|--|--|--|
| | County Baltimore | Registration Dist. No. | | |
| | | No Sutto Stale Orange St., Tele Ward death occurred in a hospital or institution, give its NAME instead of street and number) | | |
| 1 | Length of residence In city or town where death occurredyrsmos. | ds. How long in U. S. if of foreign birth?mosds. | | |
| / | 2. FULL NAME Bernice Orances In | rackbee | | |
| | (a) Residence: No. 2216 4004 OL (Usual place of abode) | St., Ward. A College of the state of the sta | | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| | 3. SEX 4. COLOR OR RACE Victe 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word) Single | 21. DATE OF DEATH July (Month) (Day) (Yaer) | | |
| | 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attanded decaesed from June 29 1932 to July 10 1932 | | |
| e. | 6. DATE OF BIRTH (month, day, and yaer) Obril 5, 1919 | I last saw h en aliva on July 10 1,1932; daath is said | | |
| certificate | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 2.45 Q-m. | | |
| rtil | 13 3 6 1 dey,hrs. | Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | | |
| instructions on back of c | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc State sauring School SAW WILL, BANK, atc 10. Date dacaased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Baltansee. | Dthar Contributory Causes of importanca: | | |
| ruc | (State or country) | there infections Ilday | | |
| inst | 13. NAME matthew J. mackbee | (Hemolytic Streptoroccus) | | |
| See | 14. BIRTHPLACE (city or town) Carrafolis, Jul. (State or country) | Name of operation Who test confirmed diegnosis? Climical Was there an autopsy? No | | |
| iit. | 15. MAIDEN NAME Rose C. Dressel | 23. If daath wes due to external ceuses (VIDL ENCE) fill In also the following: | | |
| important | 16. BIRTHPLACE (city or town) Baltmore Jul (Stata or country) | Accidant, suicide, or homicide? | | |
| very in | 17. INFORMANT Institutional Records Rosenson | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | | |
| 13 | 18. BURIAL, CREMATION, OR REMOVAL) Place Sound on 1977. Date July 12, 1932 | Manner of Injury | | |
| TION | 19. UNDERTAKER WM. Crok (Address) 12 17 5T. Powel St | 24. Was disease or injury in any way related to occupation of daceased? Two | | |
| J | 20. FILED July 15, 1932 - H. TII. Stades | (Signad) George C. Melaires M. D. (Address) L. Qurry Mills, Ind. | | |

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person energed in domestic service for wages, returned as at school or at home. For a wonian whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.

should be called a salesman and not a clerk. machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death —Cause of death means the disease, injury, or complication which causes death, not the

avoli I SZ6I'I liDIV Gallstones SIMPLEONISM!) Other contributory causes of importance: Other contributory causes of importance: obv shop g Simonna J LZ6I'ghinf Cerebral hemorrhage ALIC G 1430 I week ago Kun over by street cur 1981 Chronic interstitial nephritis opp dosu I Alluck of epilepsy 9161 ATTETTOSCLETOSTS BUREAU V.S. of importance were as follows: of importance were as follows: The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset Example II Example 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

07532

| | (958) |
|--|---|
| upron | Registration Dist. No. 34 |
| stow | NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| n where death occurred | |
| y Elia. marti | in |
| (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| ATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 7 . U . 193 2 |
| Midwirds | (Month) (Day! (Yaar) |
| Mattin Nov. 8 853 If LESS than 1 day, hrs. or rain. | 1 HEREBY CERTIFY. That I attanded doceased from 1932 to 1932. 1 past saw h Occurred on the date stated above, at 20 m. The PRINCIPAL CAUSE OF DEATH and related causos of importance were as follows: Date of onset |
| L. Home. | aculi Dil VJ Heart Juhum |
| 1925 spent in this boys | Other Contributory Causes of importance: |
| Kefler. | |
| Tarella de | Nama of operation Date of |
| full Kerrely | What test confirmed diagnosis? |
| eckleysville, | Accident, suicide, or homicide? Date of Injury, 19 |
| marting | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| uch Date July 7, 1932 | Manner of injury |
| G. 6. Fouth M. W. Registrar. | 24. Was disease or injury in any way related to occupation of deceased? No. If so, specify (Signed) Edgar M. Bush M. D. (Address) Aurufushad, M.D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Barimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | - | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis AUG 3 1000 | 1915 | Attack of cpilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage BUREAU V | July 5,1927 | Peritonitis | 3 days ago | |
| Control of the Contro | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| PLACE OF DEATH County Balto | 94-0 |
|--|--|
| Village or City When Follow | (No |
| 2FULL NAME Will | at Ir Mayes |
| PERSONAL AND STATISTICAL | PARTICULARS MED |
| Thinks on 1, to , or | GLE, RRIED, DOWED, DIVORCED ite the word) |
| 6 DATE OF BIRTH | 20, 1845 17 I HERE |
| 7 AGE (Month) 7 AGE | (Day) (Year) If LESS than and that death oc. The CAUSE OF DE |
| (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer) | ner / |
| 9 BIRTHPLACE (State or country) · ULL | Contributory Secondary |
| 11 BIRTHPLACE OF FATHER CState or country) 12 MAIDEN NAME OF FATHER OF FATHER (State or country) | (Signed) |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) | 18 LENGTH OF 1 ients or Recent At place of death yrs |
| (Informant) Charles | Where was disease c if not at place of difference of the control o |
| (Address) Motors 3 | Salue 20 UNDERTAKER |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

on Dist. No. 4

St.: Ward)

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

| MEDICAL CERTIFICATE OF DEATH |
|---|
| 6 DATE OF DEATH July 2 1982 |
| Month) (Day) (Year) |
| 17 I HEREBY CERTIFY, That I attended the deceased from |
| Jan 4 1932 10 July 7 , 1982 |
| hat I last saw handlive on July 1987 |
| and that death occurred on the date stated above, at |
| angua Pectros |
| |
| |
| (Duration)yrsde. |
| Contributory Jastue Cleur |
| (Durstion) yrs mosde. |
| Signed) ClastBurn M. D. |
| July 2. 192 (Address) Kuyavelle har |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| tt place In the f deathyrsmosds. Stateyrsmosds. |
| Vhere was disease contracted, not at place of death? |
| ormer or sual residence |
| 9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Salue Cemetery July 4, 19 32 |
| Dunid Dandor When Gall |
| and the first of the first of the |

V. S. No. 1

B

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE: CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-("Pneumonia,

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature of the American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

V. S. No. 1

| 1. PLACE OF DEA | | F MARY | /LAND— | - | E OF DEATH | 7534 |
|--|--|-------------------------------|-------------------------|--|---|--------------------|
| | Baltimore | | | (82-a) | Registration Dist. No. 32 | |
| Village or City | | | | No. | St. | Word |
| | | | ()(| death occurred in a hospital or | institution, give its NAME instead of street and | number) |
| | | | <u>-</u> 21_∳r\$mos | ds. How long in U. | S. iI of loreign birth?yrs | mosds. |
| 2. FULL NAME | | | | | | |
| (a) Residence: No. | 204 Sla | (Usual place o | | St., Ward. | W | 1.0 |
| PERSONAL A | ND STATISTIC | | | MEDICA | If nonresident give city or town as | d State |
| 3. SEX 4. COL | OR OR RACE | 5. SINGLE, MARK | IED, WIDOWED, | 21. DATE OF DEAT | | , 193 ² |
| 5a. If married, widowed, or di HUSBAND of (or) WIFE of | nna S. A. | McCullou | gh | | EBY CERTIFY. That I attended 19 30, to July 23 pp | |
| 6. DATE OF BIRTH (month, d | lay, and year) | March 21, | 1861_ | I last saw h_im alive o | on July 23rd, 19 3 | 2.; death is seid |
| 7. AGE Years | Months | Oays | II LESS than | | stated above, at 6:50 Pm. | |
| 71 | 4 | 2 | ormin. | The PRINCIPAL CAUSE OF were as I ollows: | DEATH and related causes of importance | Date of enset |
| No. I lade, profession, or kind of work don. SAWYER, BOOKK! 9. Industry or business work was done, as SAW MILL, BANK 10. Date deceased last we this occupation (or this occupation (or this occupation (or this occupation (or the occupation)). | in which s SILK MILL, , etc | Jardener | | Cerebral H | emorrhage | 1930 |
| this occupation (m | Retired | 11. Total tir spen occu | t in this pation | Other Contributory Causes of | f importance: | |
| 12. BIRTHPLACE (city or town (State or country) | n)Marv] | land | | Mana | | |
| | | | | None | | |
| 13. NAME John 14. BIRTHPLACE (city or (State or country) | town) | | 4 | Name of operation NON | Date of Date of Sis? Clinical Was there an | |
| 15. MAIDEN NAME | Martha Coo | ok . | | | nal causes (VIOLENCE) fill in also the Jollowin | |
| 16. BIRTHPLACE (city or (State or country | 15. MAIDEN NAME Martha Cook 16. BIRTHPLACE (city or town) (State or country) Maryland | | | | de? Date of injury | , 19 |
| | cence R. Mc 204 Slade | | | Specify whether injury occur | (Specify city or town, county and St rred in INOUSTRY, In HOME, or In PUBLIC P | ate) LACE. |
| 18. BURIAL, CREMATION, OR Place Druid | | DateJu | ly 26 _{,19} 32 | | | |
| (Address) 2(| nilip Hern 016 Orleans | s St. | | 24. Was disease or Injury In | any way related to occupation of deceased? | |
| 20. FILED July 25. | , 19 32 Di | r. E. E. | Nichols Registrar. | (Signed) (Address) | Pikesville, Md. | M. 0 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---------------|--|---|---|
| Date of onset | The principal cause of importance were | of death and related causes as follows: | Date of onset |
| 1915 | Attack of epilepsy | 4.1 | 1 week ago |
| 1921 | Run over by street car | VAC S 1035 | 1 week ago |
| July 5,1927 | Peritonitis | | 3 days ago |
| | | SECEINER | |
| | | | |
| | Other contributory | auses of importance: | |
| May 1,1923 | Gastroenteritis | | 1 year |
| | | | |
| | | | |
| | 1915 1921 July 5,1927 | 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory c | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

ż

| Ø | tem of infor- | should state | of OCCUPA- | |
|-----------------|--|--|--|------------------|
| 2 | RECORD. Every i | F. PHYSICIANS | Exact statement of | / |
| TED FOR BINDING | THIS IS A PERMANENT RECORD. Every item of infor- | d be stated EXACTLY. PHYSICIANS should state | y be properly classified. Exact statement of OCCUPA- | I of contificato |
| /ED | PHIS | d be | y be | le of |

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 0.7535 |
|--|---|
| 1. PLACE OF DEATH | (25) |
| County Ballimore | Registration Dist. No. 33 |
| Village or City Owings mulls | Not sewood State Training Schwar |
| | (If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds. |
| 00 1 -1 \ 21 | usyrsmosos. |
| | 200 |
| (a) Residence: No. (Usual place of abode) | St., Ward Male Mulle L. (Le S. If nonresident give tity or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| male White OR DIVORCED (write the word) | July 19 ,1932 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 1 = .4.8 | July 11 ,1932, to July 19 ,1932 |
| 6. DATE OF BIRTH (month, day, and year) June 27, 1918 7. AGE Years Months Days If LESS than | I last sew h alore alive on Gracy 9, 19.3.2; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs | to have occurred on the date stated above at 200 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 14 0 22 ormin. | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Survate, Rosework SAWYER, BOOKKEPPE, etc. | |
| | Status Splefticus Ida |
| 9. Industry or business in which School owings work was done, as SILK MILL, School owings SAW MILL, BANK, etc. | |
| 11. Total time (years) this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) Baltimose M. J. (State or country) | Other Contributory Causes of importance: |
| 13. NAME William Inc Tord | |
| E 9 | Jume Jume |
| (State or country) | Name of operation Date of What test confirmed diagnosis? Allerical Was there an autopsy? Wo |
| 15. MAIDEN NAME Waltie Of Jus Vol | |
| 15. MAIDEN NAME Wattie W. Mrs Ford 16. BIRTHPLACE (city or town) waryfard. (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Distitutional Records | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Roseword State Francis School | <u> </u> |
| 18. BURIAL, CREMATION, OR REMOVAL Our white had | Manner of injury |
| Place Court of Communication Date your 20, 19,32 | Nature of injury Love |
| 19. UNDERTAKER I fill line + done | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Rustustom Md | If so, specify |
| 20. FILED July 1919 1919, It M. Slade | (Signed) Tenge (medany M. D |
| Registrar. | (Address) O kongo hullo had |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | H | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 weck ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 10

V. S. No. 1

ż

| 1. PLACE OF DEATH | (131) |
|--|--|
| County Balfinae | Registration Dist. No. |
| | No. 7/4/ St., V |
| Length of residence in city or town where deeth occurred Pyrsm | osds. How long in U.S. if of foreign birth?yrs,mos, |
| 2. FULL NAME / sola U. Mc For | ran |
| (a) Residence: No. 7/4 E (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Harried Married | 21. DATE OF DEATH 30 (Day) 193 2 (Yeel |
| HUSBAND of (or) WIFE of Jame & Mc Gowan | 22. / I HEREBY CERTIFY. That I ettended deceased |
| 0 1019 | July 25 19 32, 10 July 30 , 19 |
| DATE OF BIRTH (month, day, and year) Tel 23 / 86/ | Clast saw h len elive on July 300, 1932; deeth I |
| AGE Years Months Deys If LESS then | to heve occurred on the date stated electe, at / C |
| 63 3 ormin. | The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows: |
| 8. Trade, profession, or particuler kind of work done, es SPINNER, Housework SAWYER, BOOKKEEPER, etc | arterioselezar + 7-26 |
| | Clume Instertent |
| 9. Industry or business in which work was done, as SILK MILL at have | Mephinter |
| 10. Date deceased lest worked at 11. Total time (years) | |
| 10. Date decessed lest worked et this occupation (month and year) | |
| 4/ | Other Contributory Causes of Importance: |
| 2. BIRTHPLACE (city or town) - Alanahan G. J. Q. (State or country) | Malure Cerna |
| | |
| 14. BIRTHPLACE (city or town) Place | |
| 14. BIRTHPLACE (city or town) | Neme of operation Oeta of |
| (State of country) | Whet test confirmed diegnosis? Was there en au'opsy?. |
| 15. MAIDEN NAME Catherine Harris | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) ———————————————————————————————————— | Accident, suicide, or homicide? Date of Injury, 19. |
| (Stete or country) | Where did injury occur? (Specify city or town, county and State) |
| (Address) TITE st | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| B. BURIAL, CREMATION, OR MEMOVAL | Menner of injury |
| Plead gudon Vans Dalling 7 4, 132 | Neture of injury |
| UNDERTAKER John F. Denny . | 24. Wes diseese or Injury in eny wey releted to occupation of deceesed? |
| FILED LALY 3/ 1972/9/ MISOMONINE | (Signed Trush & Elared |

7-26-32

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | | |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 17537 |
|--|--|
| 1. PLACE OF DEATH | 73-2 |
| County Allewore | Registration Dist. No. |
| Village or City | No. St., Ward |
| Length of rasidence in city or town where daath occurredmos | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of fashderice in city of town where dash occurred | ds. |
| 2. FULL NAME CHUCK | m - sauce |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3,88X A color or face 5. SINGLE MARKED, WIDOWED, OR DURCED Carrie the word) | 21. DATE OF DEATH LULY 2 2 193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | |
| (or) WIFE of | 22. HEREBY CERTIFY. That attended deceased from |
| The state of the s | 12 me 1 10 5 to frey 22, 100 2 |
| 6. DATE OF BIRTH (month, day, and year) () LC. 29, 1863 | I last saw h lu alive on 119 12 death is sald |
| 7. AGE Years Months Days If LESS than 1 day, | to have occurred on the date stated above, at |
| 07 6 23 or min. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work dona, as SPINNEY. | 011 |
| kind of work dona, as SPHNNET Ling House, | (mome my ocaraire man |
| and industry or business in which work was dona, as SILK and SILK and SAW MILL, BANK, atc. | |
| 10. Data deceased last worked at this occupation (month and 1920) 11. Total time (yeers) spent in this | |
| year) occupation | Dther Contributory Causes of importanca: |
| 12. BIRTHPLACE (city or town) | The parties and Counciles |
| | No an law disease |
| 13. NAME and M- Retriet 14. BIRTHPLAGE Sity or town) | Name of operation Date of Date of |
| 14. BIRTHPLAGE (Bity or town) (State of country) | 32 - |
| 15. MADEN NAMELY a Lourneau | |
| Ξ | 23. If daath was due to external causes (VIOL ENCE) fill in also the following: |
| O 16. BIRTHPLACE (city of town) (State or country) | Accident, suicide, or homicide? Data of Injury, 19 |
| m. Ma. & me D. O. t. | Whare did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL OREGATION, DE REMOVALO | |
| Harry Cucy Data puly 24,19 32 | Mannar of injury |
| The state of the s | Nature of injury |
| 19. UNDERTAKER Caslon Hous | 24. Was disease or injury in any way ralated to occupation of decaased? |
| (Addrés) | If so, specify |
| 20. FILED 7/ 19 At Chroling | (Signed) M. D. |
| 123 31 Registrar. | (Address) Clucy ay md, |
| If more blanks are neceed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | | |
|--|---|---------------|--|---------------|--|
| The principal cause of importance were a | of death and related causes is follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis MG 5 1932 | | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis 1921 | | | Run over by street ear | 1 week ago | |
| Cerebral hemorrhage BUREAU V | | July 5,1927 | Peritonitis | 8 days ago | |
| | | | | | |
| Other contributory c | auses of importance: | | Other contributory causes of importance: | | |
| Gallstones May | | May 1,1923 | Gastroenteritis | 1 year | |
| | 4 | | | | |
| | | | | | |

V. S. No. 1

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH | 0 |
|--|---|---------|
| 1. PLACE OF DEATH | 9 | 0 1 |
| County Galleture | Registration Dist. No. | 3 |
| Village or City ells. | No. 27 Skruy Sh St., | War |
| the state of the s | If death occurred on a hoppital or institution, give its NAME instead of street and number. ds. How lung in U. S. if of foreign birth? yrs |) |
| 2. FULL NAME James Roland Tues | | |
| | lyman. | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | - |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (193 | eal |
| 5a. If married, widowed, or divorced HUSBANO of | | 1 |
| (or) WIFE of None | 22. 1 HEREBY CERTIFY, That I attended decease | ed from |
| 6. DATE OF BIRTH (month, day, and year) | Hast saw h Land and July 3 1937 death | h is sa |
| 7. AGE Years Months Days If LESS than | to have occurred on the data stated abova, al. 12 \$0 Pm. | 17 |
| 1 2 6 I day,hrs | were se follows: | 1 |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, | Date | of onke |
| SAWYER, BOOKKEEPER, etc. | whoofing angl 30 | Mach |
| kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. | 0 (1 0 | |
| 11. Total time (yaars) 12. Total time (yaars) this occupation (month and year) 13. Total time (yaars) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) Causell Co | Other Cuutributery Causes of importance: | |
| (State or country) | Consulation | Da |
| 13. NAME John & meny man | | CIL |
| 13. NAME Sherry man 14. BIRTHPLACE (city or town) Canale Co | Name of operation | - 6 |
| (State of country) | What test confirmed diagnosis? | 1. M |
| 15. MAIDEN NAME Rose Success | 23. If death was due to external causas (VIOL ENCE) fill in also the following: | |
| 15. MAIDEN NAME Rose Shells 16. BIRTHPLACE (city or town) Balls | Accident, suicida, or homicide? Date of injury 19 | 9 |
| (State or country) | Whara did injury occur? (Specify city or town, county and State) | |
| 17. INFORMANT John Somery years | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. | |
| (Address) 18. BURIAL (FEMATION) OR REMOVAL | | |
| Place Oly Cours Character Ouly 4, 19 3; | Mannar of injury (USA) | |
| to the second | Nature of Injury | |
| 19. UNDERTAKER (Address) | 24. Was disease or Injury in any way related to occupation of dacaased? If so, specify Caroner A Case | |
| 7/ 118/ 1 | (Signad) Markall (3 1875) | M |
| 20. FILED Registrar. | (Address) Catomulle Mist | IVI. |
| | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| in additional and a second sec | | Example 11 | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 wcek ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | SECELVED | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE FOR F | UKINEK SIAI | EMENIS BI | PHISICIAN | |
|------------|-------------|-------------|-----------|-----------|---|
| | | | | | |
| | | | | | 2 |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 209-9 |
|--|--|
| County Baltimore | Registration Dist. No. |
| Village or City Catanabelle | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredlyrs | mosds. How long in U.S. if of foreign birth?58_yrsmos |
| 2. FULL NAME John & H Myers. | Λ |
| (a) Residence: No. O Nomwool Dome (Usual place of abode) | St., Ward. Baltimore /Md. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word of the land) | |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Marrie Classes, when the second control of the se | 22. I HEREBY CERT! FY, That I attended deceased to |
| 6. DATE OF BIRTH (month, day, and year) Suffer 15- 1873 | I last saw h ative on 19 death is |
| 7. AGE Years Months Days If LESS that I day, | hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | - Fractured Skull In |
| work was done, as SILK MILL, B + O R R SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and supplied by the spent in this spen | Run over by Electrica Car. |
| year) occupation occupation | Other Contributory Causes of importance: |
| (Stata or country) | - Cerebral, Hen onhace to |
| I II 13. NAME to Scatt myers | 8 |
| 14. BIRTHPLACE (city or town) W (State or country) | Nama of operation Date of What test confirmed diagnosis? Example Was there an autopsy? |
| 15. MAIDEN NAME many a allew or Fil | Land If death was due to external causes (VIOLENCE) fill In also the following: |
| 5 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide?_accident_Oata of injury_cut_ 22, 19.3 |
| S (State or country) | Where did injury occur? Carbonard le Whole (Specify city nr town, county and State) |
| 17. INFORMANT Tomorrow toma (Address) Quel manuelle mod | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury Russ over Ly Electro Cw Natura of injury Franchized Skylle |
| 19. UNDERTAKER Las In Sons | 24. Was disaase or injury In any way related to occupation of deceased? |
| (Address) Eller Cily | If so, specify |
| 20. FILED 123 1957 Al Secolar | (Signed) Markall 13 West |
| LL THE STATE OF TH | strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastrocnteritis | 1 year | |
| | | | | |

AGE should be stated EXACTLY. PHTSICIANS should sear.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

| STATE OF MARYLAND—CERTIFICATE OF DE | STATE | OF | MARYL | AND- | -CERTIFIC | CATE | OF D | EATH |
|-------------------------------------|-------|----|-------|------|-----------|------|------|------|
|-------------------------------------|-------|----|-------|------|-----------|------|------|------|

| 1. PLA | CE OF DE | ATH | | | 82-8 | 10 |
|---|-----------------------------------|--------------------|------------------------|-------------------------------------|--|-------------------------|
| Coun | ityBal | timore | | | Registration Dist. No. | 8 |
| Villag | ge or City | Tow | son | | NoSt., | Ward |
| Lengt | h of residence in | city or town where | death occurred | | f death occurred in a hospital or institution, give its NAME instead of street's sds. How long in U.S.If of foreign birth?yrs | |
| 2. FULI | L NAME. | Phelms | William | Wallace | | |
| | | | | | St., Ward. If nonresident give city or town | |
| | | | | | | |
| | | | TICAL PARTI | | MEDICAL CERTIFICATE OF DEATI | H |
| 3. SEX ma | ale 4.co | LOR OR RACE | or Divorces | RIED, WIO OWED, O (write tha word) | 21. DATE OF DEATH July 6, 1932 (Month) (Dev) | , 193(Year) |
| 5a. If married HUSBAI | d, widowed, or o | livorced | | | | |
| (or) WI | FF -4 | rriet Gra | son Phelps | 5 | 22. I HEREBY CERTIFY, That I attended June 24, 1932 19 to July 6, 1 | |
| C DITE OF | | | a mark the | 10 | l last sew h im alive on July fifth 19 | |
| 7. AGE | BIRTH (month, Years | Months | 1873 - Jan Days | If LESS than | to heve occurred on the date stated above, at 8:30a.m. | , decti is said |
| | | - | lan. | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance | |
| _8. Trad | | particular | 1/1/24 | ormin. | were as follows: bronchopneumonia | 0ate of onset 7-3-32 |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Salesman | | | | | cerebral thrombosis | |
| 9. Industry or business in which | | | | | | MINCIONII |
| | | | Tractor Co | | | |
| OV 3 I | dacaesad last his occupation (| month end | sper | me (yaars) | | |
| | /aar) | | | pation2_yr | Other Contributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) Cambridge, Md. (State or country) | | | bridge, Mo | d | depression | unknowh |
| | | | | | | |
| 13. NAM 14. BIRT | E Fra | ncis P. P | helps | | | |
| 4. BIRT | HPLACE (city o | | land | | Name of operation Oete | |
| | DEN NAME | A well | | | What test confirmed diagnosis? Was there | |
| 15. MAID 16. BIRT | DEN NAME | ypin | NOW FA | usion. | 23. If death was due to externel ceuses (VIOLENCE) fill in elso the follo | |
| O 16. BIRT | HPLACE (city o Stata or countr | r town) | yland | | Accident, suicide, or homicide? Dete of Injury | , 19 |
| | | | | | Where did Injury occur? (Specify city or town, county and | State) |
| I7. INFORMA (Add | | spital re | cords | ************ | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC | PLACE. |
| 18 BURIAL | | R'REMOVADEU | retiral. | 0 | Menner of injury | |
| Place | | en oad | Date | 18 ,1932 | - Nature of injury | |
| IO UNDERTA | WED TO | 110. 8 | All ! | | 24. Was diseesa or injury In eny way related to occupation of deceased | |
| 19. UNDERTA | | W. A | wolls av | 2 101 | A so, specify | |
| 20 51150 | ely 7 | 10/3 2 | 1 July | mon on | (Signed) How W.C. Chapen | M. 0. |
| 20. FILED. | 7 | _, 19\(\sigma | M. Total Ca | Registrar. | (Address) Medical | Supt. |
| 1 | | If mor | e blanks are needed, a | ddress State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | Hos. Tows |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I EIVE | | Example II | | |
|--|---------------|--|------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis PTTD TO THE NY | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | Julyő,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

PLACE OF DEATH STATE OF MARYLAND TIFICATE OF DEAT Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in steed of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED back OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased rms so that I ACE sthat (Month) (Day) that I last saw by If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ESERVEDmin.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country ID NAME OF 00 (Address) S 11 BIRTHPLACE क्र ध OF FATHER the Discase Causing Death, or, in CAUSE TION Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) Ш 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OR 0 ients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER (State or Country) 0 Where wes discese contracted, if not at place of dee.h? Former or usuel residence 9 CIANS OF BURIAL Filed Registrar , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. If more branks are needed, address State Registra

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons encases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| STATE OF MARYLAND | |
|--|--|
| 1. PLACE OF DEATH | 26 93-0 |
| County Gallinocl | Registration Dist. No. 44 |
| Village or City Essel | No. Reversible Quel St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredwesmos. | ds. How long in U.S. if of foreign birth? yrsmosds. |
| 2. FULL NAME Cilbert F. Presto | |
| (a) Residence: No. Caself, Model (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the world) 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the world) 6. If married, widowed or divorced | 21. DATE OF DEATH (Month) (Day) (Year) |
| HUSBAND OF atherine & Preston | 1 HEREBY CERTIFY. That I attended dacased from February 18, 1932 to July 16, 1932 |
| 6. DATE OF BIRTH (month, day, and year) Fell 5th, 1887 | I last saw h- con alive on July 16 , 19 32; death is said |
| 7. AGE Years Month's Days If LESS than t day,hrs. | to have occurred on the data stated above, at 5 22 .m. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| #5 5 // ormin. | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Checket SAWYER, BODKKEPER, atc. | Chronic Voronchice tasis un- |
| 9. Industry or business In which work wes dona as SILK MILL. Delling mill saw MILL, BANK, etc. | Known |
| 10. Date daceasad last worked at 1932 spant in this year) cocupation (month and 1932 occupation 9 47 | 9 |
| 12 PIRTURI ACT (STORE AND BATTE MARK & and | Othar Contributory Causes of importance: |

(State or country

FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME

(State or country)

(Addrass) 18. BURIAL, CREMATION,

t9. UNDERTAKER (Addrass)

Registrar.

external causes (VIDLENCE) fill in also the following:

Accidant, suicide, or homicide? Where did Injury occur?

(Specify city or town, county and Stale)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injus Nature of injury

24. Was disease or Ini

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Balto.

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Other contributory charges of importance. | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| T | | | |

V. S. No. 1

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| a or arrange of state with with strain and a permetal percent state of infor- | | mation should be carefully supplied. AGE should be stated EAACILICATIONALLY Should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. | |
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| Charles | 4 | n Sh | SE (| TION is very important. See instructions on back of certificate. |
| G/XX | 74 | atio | AU | ION |
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| _ | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---------------------------------|--|---|
| UP/ | 1. PLACE OF DEATH | 2543 |
| 1000 | County Baltimore | Registration Dist. No. 3 |
| | Village or City EUDOWOOD SANATORIUM, TOWSON | death occurred in a hospital or institution, give its NAME instead of street and number) |
| t of | Longth of residence in city or town where death occurredyrs,mos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos,ds. |
| statement | 2. FULL NAME Emile Quick | |
| ate | (a) Residence: No. 3243 Belach pd. | St., Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Je male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Dey) (Year) |
| classified | 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, Thet I ettended deceesed from |
| lass | (OI) WIFE OI | October 15, 19.37, 10 July 16, 19.32 |
| | 6. DATE OF BIRTH (month, day, and year) allegest 18, 1886 | I lest sew h. er elive on July 76 , 19.32, death is said |
| properly certificate | 7. AGE Yeers Months Deys If LESS then 1 dey,hrs. | to heve occurred on the dete stated ebyte, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| properti | 73 7 10 28 ormin. | were es follows: |
| be of c | 8. Trede, profession, or particular kind of work done, as SPINNER, La undy Worker. | Oulminery Toberculais " " |
| | 9. Undustry or business in which work was done, es SILK MILL, | |
| | SAW MILL, BANK, etc | |
| t it | 10. Date deceased last worked et this occupetion (month end year) corupetion | |
| erms, so that instructions o | 12. BIRTHPLACE (city or town) Balto. Co. | Other Coutributary Causes of importence: |
| terms, instru | (Stete or country) | |
| | 13. NAME Gengl Guck | |
| plain t | 14. BIRTHPLACE (city or town) manyland (State or country) | Neme of operation |
| pla it. | 15. MAIDEN NAME Emma Daus. | 23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: |
| EATH in pin portant. | 16. BIRTHPLACE (city or town) manyland. | Accident, suicide, or homicide? |
| ATI | (Stete or country) | Where did Injury occur? (Specify city or town, county and State) |
| DEATH y import | Hospital Records Personal History | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| OF D | (Address UDOWOOD SANATORIUM, TOWSON, MD. | was 116 |
| E. E | Place Gresslew Futh Can Date July 19, 19 32 | Manner of injury |
| CAUS | 7 0 8 | 24. Wes disease or Injury in any wey releted to occupation of deceased? |
| C | 19. UNDERTAKER Trederick Samahur Lan (Addiess) 7401 Colaia (Road | If so, specify |
| 1 | VOIT OF WINDO | (Signed) Walled M. D. |
| | Registrar. | (Address) Eudowood Sand, Tows on, Md. |
| | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 3 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| V ST V.S | 1 | | |
| BUREA | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: PECEIVED Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FO | R FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------------|-----------|------------|----|-----------|
|---------------------|-----------|------------|----|-----------|

STATE OF MARYLAN PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No classifie (If death occurred in Ward) a hospital or institution, give its NAME inbumber.) prope MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH RACEIS SINGLE. pe MARRIED. (Month) (Day) OR-DIVORCED pinone may (Write the word) I HEREBY CERTIFY, That I attended the deceased from that I last saw h alive on. (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH Was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) ... Contributory Secondary (State or country 10 NAME OF (Address) II BIRTHPLACE State the Disease Causing Death, or, in deaths from OF FATHER US Z Violent Causes, state (1) Means of Injury: and (2) whether (State or country Accidental, Suicidal or Homicidal, < 1-04 POB 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 ients, or Recent Residents) 90 13 BIRTHPLACE In the At place OF MOTHER of death yrs. ..mos. da. State,yrs.....mob (State or country) Where was disease contracted. 3 if not at place of death?..... 6110 Former or usual residence... GATE, OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Every CIANS staten (Address) ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requestive

BINDING

FOR

RESERVED

ARGIN

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (l) Croccry; chould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the ceses, especially in industrial employments. It is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At achool or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. :ired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired or given up on account of the disease causing pears. Housemaid, etc. If the occupation has been changed whatever, write None. isiness, that fact may be indicated thus: Farmel Statement of Occupation-Precise statement of oc-For many occupations a single word or term on , without more precise specification as Day -Coal mine, etc. Wom-The material from

ELECTION OF CAUSE OF Death—Name, first, the pissase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

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tions answered in detail, it will prevent further correspond-

all the data is essential and must be obtained before

the certificate is permanently filed.

on head Nomenclature of the American Medical Association.) inges, peritonacum, etc., Caroinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosts of lungs, menuse of "Tumor" for malignant neoplasms); Measles; symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. If this certificate is looked over thoroughly and all quesquences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions," "Debility" ("Congenital," "Senile," etc.) (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ture of the injury, as fracture of skull, and conse-Poteoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid of "contributory." (Recommendations on stateof cause of death approved by Committee on FOR VIOLENT DEATHS STATE MEANS OF INJURY Accidental drowning; Struck by railway Example: Measles (disease The contributory (second-(merely terminal

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (3) |
| County Baltimore | Registration Dist. No. 30 |
| Village or City Woodlawn | No. 6505 Windson Will Rd St., Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Emmas Pomm | ial) |
| (a) Residence: No. 650 5 Windson Mill Rd. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Widowed | 21. DATE OF DEATH July 5 , 1932 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of John W. Rommal | 22. I HEREBY CERTIFY, That I attended deceased from June 15 132 to July 5 1932 |
| 6. DATE OF BIRTH (month, day, and year) Sept. 18. 1855 | Hast saw her alive on July 5 1,1932; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 920 P.m. |
| /6 / ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and page 1932 occupation). | Chronic Nephritis Unastai |
| 12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland | Other Contributory Causes of Importance: |
| 13. NAME John Lampe | |
| 13. NAME John Zahupe 14. BIRTHPEACE (city or town) (Stete or country) Sermany | Name of operation |
| 15. MAIDEN NAME Catherine Roth 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to externel causes VIOLENCE) fill in also the following: |
| [16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| 17. INFORMANT Mrs. Henry J. Kersei | Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR BEMOVAL | Manner of injury |
| Place Ming Redge Date 18 1937 | Nature of injury |
| 19. UNDERTAKER MANAGEMENT POLITICISMOS (Address) 12/10 Forest Political Poli | 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILED. Z/g , 19 Helman | (Signed) Joshua N. Urmacost M. D. |
| , Registrar. | (Address) W. D. D. C. |

If more blanks are needed addren Sage Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | - LECENTED : | |
| Other contributory causes of importance: | 35 4 40 20 | Other contributory causes of importance: | T RIFT |
| Gausiones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | - | | |

V. S. No. 1

| | HYSI- | Exact | |
|---|--|---|---|
| / | N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- | CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact | rtificate. |
| | be state | be prop | ck of ce |
| | should | t it may | s on ba |
| | d. ACE | so that | truction |
| | supplie | in terms | See insi |
| | carefully | H in plai | statement of OCCUPATION is very important. See instructions on back of certificate. |
| | od bluo | OF DEAT | wery im |
| | lation sh | CAUSE | ATION IS |
| | Inform | 1 state | DCCUP |
| - | item of | should | nent of |
| | Every | CIANS | staten |
| | N. B. | | |
| | - | | |

| | | OF DEATH | | | | | OF MARYLAND ATE OF DEATH |
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| | countypa1 | | 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | (16) | | ation Dist. No. 2/9 |
| Vil | | | | S.Bak Nr. | er Ave Putty Hill | Av e. | tion, give Its NAME is |
| | 2FU | LL NAME Barb | para Rummel | | | *************************************** | number.) |
| | PERSON | NAL AND STATI | STICAL PARTICULARS | 3 | MEDI | CAL CERTIFICA | ATE OF DEATH |
| | emale | 4 COLOR OR RA | CE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | dow | 16 DATE OF DEAT | and and | 1923 2 |
| - | DATE OF BIR | July] | 12th, 1859 , 1 | (Year) | Leve 16 | (Month) BY(CERTIFY, That | (Year) I attended the despreed from the first that the first t |
| 8 (| AGE | 73 yrs | I day | SS than hrs. min.? | and that death occ The CAUSE OF DE | | |
| P C b | b) General nousiness, or evhich employ | nd of workeature of industry establishment in ved or (employer) | | | Contributory | Dances (Duration) | yrs. mos. d |
| | (State or co | | ermany | | MA | Duryhog |) Joy C. mosd |
| | 10 NAME C | ? (K: | reit) | | (Signal) 1 2016 Uly 23 = 19 | \$ 2(Address) 0 | 31 n. Caroline |
| ENTS | | IER r country) | Germany | | *State the Violent Causes, Accidental, Suicid | Disease / Lausing I state (1) Means al or Homicidal. | Weath, or, in death from of Injury and (2) Whether |
| AR | 12 MAIDEN | | Unknown | | | RESIDENCE (For | Hospitals, Institutions, Tran |
| | 13 BIRTHP OF MOTE (State or | | Germany | | At place of desthyrs | mosds. | In the State yrs mos d |
| 14 | | John P. | est of my knowledge Rummel | | Former or usual residence | eath? | |
| | | | | o.t | 19 PLACE OF BUR | | DATE OF BURIAL |
| 15 | | 23 19132 | Regester Stre | 5 mg | Holy Red 20 UNDERTAKER CROTTE CU | th One 1 | 7-23 , 1938 ADDRESS |
| = | | If more bianks | are needed, address State F | Registrar | | ., Balto., Requestin | g V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondar; or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n .ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainapproved by Committee of American Medical Acceleration Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or misearriage as eough; Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronie on valvular heart etc. The Nomenclature contributory

American Meunical is Jooked over the oughly and all questions answered in detail it will prevent further correspondence. All the data is essential in much be obtained before the certificate is permanently field.

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| | (20) | |
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| | | - |

16 DATE OF DEATH

Contributory

the Discase

yrs......ds.

Accidental, Suicidal or Homicidal,

ients or Recent Residents)

Where was disease contracted.

if not at place of death?

STATE OF MARYLAND CERTIFICATE OF DE

Registration Dist, No.

Ward)

MEDICAL CERTIFICATE OF DEATH

(Duration)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

Causing Death, or, in te the Discase Causing Death, or, in deaths from Causes, state (1) Means of Injury and (2) whether

(If death occurred in a hospital or institution, give its NAME innumber.)

| PERSONAL | AND | STATISTICAL PARTICULARS |
|----------|-----|-------------------------|

OR DIVORCED Write the word)

IlfLESS than

I day hrs. ds. or min.?

At place

of death.

Former or usual readence.

DATE OF BURIA

State yrs mos de.

If more blanks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Farm laborer, Laborer-Coal mine, etc. Womstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. work, en at home, who are engaged in the duties of the worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Sate man. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e. g.. Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons Stationary fireman, etc. But in many who have no occupation Locomotive engineer, As examples : (a)

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American Medical Association.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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| STATE OF M | ARYLAND- | CERTIFICATE | OF DEATH |
|------------|----------|-------------|----------|
|------------|----------|-------------|----------|

| 1. PLACE OF DEAT | Н | , | | 23 | 07549 |
|---|--------------------|-------------------|---|---|--------------------|
| | Lmore | | | Registration Dist. No. | 32 |
| Village or City Mt | . Wilsor | 1 | | Mt. Wilson Branch, Md. NoTuberculosis Sanatoriumst | ,Ward |
| Length of residence in city | or town where dea | th occurred | O yrs. 4 mos | death occurred in a hospital or institution, give its NAME instead of street 24 ds. How long in U.S. if of foreign birth?yrs | mos. ds. |
| 2. FULL NAME | | H. Sc | | Born in Baltimore, Man | ryland. |
| (a) Residence: No | | | n Street | St., Ward. Baltimore, Mary | rland. |
| PERSONAL AND | STATISTIC | AL PARTI | CULARS | MEDICAL CERTIFICATE OF DEAT | |
| 3 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | or race | OR DIVORCE | RIED, WIDOWED, D (write the word) Pried | 21. DATE OF DEATH July 5th, | , 193 2 • (Year) |
| 5a. If married, widowed, or divorce HUSBAND of | ed | | | | |
| (or) WIFE of Be | ertha M. | Schul | tz | 22. HEREBY CERTIFY, That I atter February 11th, 1932, to July 5 | oth 10 32 |
| 6. DATE OF BIRTH (month, day, | and year) Nov | ember | 20, 1883 | Hast saw him alive on July 5th 196 | 22 : death is said |
| 7. AGE Years 48 | Months 7 | Days 15 | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at 9.00 Pem. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8. Trade, profession, or part kind of work done, as SAWYER, BDOKKEEPI | icu lar | 17 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | note as initions. | Date of onset |
| SAWYER, BOOKKEEPI | ER, etc. | lerk | | Pulmonary tuberculosis | April |
| kind of work done, as SAWYER, BDOKKEEPI 9. Industry or business in work was done, as SII SAW MILL, BANK, etc | K MILL, Cle | rical | work | | 1931 |
| this occupation (month year) | id at | spei | ime (years) nt in this 20 upation | , | |
| 12. BIRTHPLACE (city or town) (State or country) | Baltimo Marylar | | | Other Contributory Causes of importance: | |
| E 13. NAME Augus | st Schul | tz | | | |
| 13. NAME AUGUS 14. BIRTHPLACE (city or town | ? | | | Name of operation No operation Date | of |
| (State of country) | Germa | | | What test confirmed diagnosis? X-ray and Was there | an autopsy? No |
| 15. MAIDEN NAME E | Lizabeth | Stark | | 23. If death was due to external causes (VIOLENCE) fill in also the follo | in sputu |
| 15. MAIDEN NAME E | 1)? | | | Accident, suicide, or homicide? Date of injury | , 19 |
| (State or country) | Germa | ny | 1-1 | Where did injury occur? (Specify city or town, county and | State |
| 17. INFORMANT Jour (Address) Mt. | Wilson, | Maryl | and | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC | PLACE. |
| 18. BURIAL, CREMATION, OR REP | mel Cu | Tate July | 18 1932 | Manner of injury | |
| 19. UNDERTAKER Seo. M. (Address) 1737 E | 1 Zuk | gs de | · Ecm | 24. Was disease or Injury in any way related to occupation of deceased: | ONO |
| 20. FILED 4 6 , 19 | 32 1 | 88 | Registrar. | (Signed) John U. Smith (Address) Mt. Wilson, Maryl | M.D. |
| | If more blas | nks are needed, a | ddress State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

ceased had retired from business, report the occupation prior to remember of more work, write housewife returned as at school or at home. For a woman whose only occupation was that of however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write nome.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. til stating the occupation, avoid the use of such indefinite terms as uployee," "worker,

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," etc.

should be called a salesman and not a clerk. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

State

Find

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

| ther contributory causes of importance: | ELGI,I YDM | Other contributory causes of importance: Gastroenteritis | I year |
|--|---------------|--|----------------|
| erebral hemorrhage | 7261,3 ylu l | Perdondis | g gads ago |
| hronic interstitial nephritis | 1261 | Kun over dy street ear | obv Assu I |
| nteriosclerosis | 2161 | Mack of epilepsy | obv yəən I |
| he principal cause of death and related causes i importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Jeano jo ejsel |
| Example 1 | | Example II | |

| 1. PLACE OF DEATH County Defenors Village or City Carter soll After | Registration Dist. No. 30 Registration Dist. No. 30 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds. |
|--|---|
| 2. FULL NAME (166 - Act of the Control of the Contr | st. Bullo me |
| (Usual piace of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of Levelson | 22. I HEREBY CERTIFY, That I attanded dacaasad from 1931, to July 6, 1932 |
| S. DATE OF BIRTH (month, day, and year) Or AGE OF Days OF LESS than 1 day,hrs. orhrs. orhrs. | to have occurred on the data stated above, at. 535 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) spant in this occupation (month and year) | Ch. Silon Rephriton 8 ms. |
| 12. BIRTHPLACE (city or town) — Quesses | Other Contributory Causes of importanca: |
| 13. NAME dage Ship | |
| 14. BIRTHPLACE (city or town) (Stata or country) | Name of operation Data of What test confirmed diagnosis? Was there an auropsy? |
| 15. MAIDEN NAME / arch Goedberg 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT My Aura Lollod | 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? |
| (Address) 2,42 w. n. | Manner of injury |
| 19. UNDERTAKER (Address) (Address) (19. UNDERTAKER (Address) (Address) (19. UNDERTAKER (Address) (Address) | 24. Was disease or injury in any way related to occupation of deceased? Rolls of Signed Control of the Control |

If more blashes are declet address Sar Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 7 | Example II | Date of onset 1 week ago |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | |
| Arterioselerosis | 1915 | Attack of epilepsy | |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage RIREAT V | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | REVESION NO. | |

MARGIN RESERVED FOR BINDING

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 67551 |
|--|---|
| 1. PLACE OF DEATH | 93-0 |
| County Ballimore | Registration Dist. No. 38 |
| Village or City Josepha Park | No. 6 mbla ave St, Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) s |
| 2. FULL NAME augusta Siegmu | d |
| (a) Residence: No. 6 mbla ave | · St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH |
| I emale wille willowed. | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That Lattended deceased from |
| (or) WIFE of George Sugmund | June 11 , 1932, to July 0 , 1982 |
| 6. DATE OF BIRTH (month, day, end yeer) april 8, 1847 | 1) ast saw h alive on July 3 1, 193 2; death is said |
| 7. AGE Years Months 9 Days If LESS than | to heve occurred on the date stated above, at 18.68 m. |
| 85 2 27 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER. | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, SAWYER, BOOKKEEPER, SPINNER, SAWYER, BOOKKEEPER, SAWYER, BOOKKEEPER, SAWYER, SAWYER | Obsome myocarolitis mhu |
| 9. Industry or business in which work was done, as SILK MILL, RANK, etc. | a num |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et this occupation (month and | of year |
| year) 1706 occupation 70 | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Sermany | Other Courses of Importance. |
| (State or country) | |
| 14. BIRTHPLACE (cily or town) Service and | |
| 14. BIRTHPLACE (cily or town) | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) | 23. If death was due to externel ceuses (VIOL ENCE) fill in also the following: |
| [6. BIRTHPLACE (city or town)] (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| -1 (State of Country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT / 10. Ornert Greger (Address) Journal W. 710 # C | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Selewartz Compate 1/8, 1937 | Nature of injury |
| 10 HADERTAKED Joles Which | 24. Was disease or injury In any way related to occupation of deceased? 7440 |
| 19. UNDERTAKER JOTHA WICK (Address) 20 18 Orleans St. | If so, specify |
| 20. FILED 7/5- 193 2 G. M. Bason | (Signed) (Signed) M.D. |
| 20. FILED | (Address) 2 815 Joy low Our, Hamille |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

CERTIFICATE OF DEATH. (3)

| 1 . 5 | A IC | ~ = | OF | DEA | TH |
|-------|------|-----|----|-----|----|

BALTIMORE: (No. 48th St Box 191 Dandalk, Md.

Frank Siewierski 2-FULL NAME....

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE No. 48th St. Dundalk Md.

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs.

WARD

(If non-resident give city or town and State) How long in U. S., if of foreign birth? 4.5

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE 5 Single, Married, Widowed, White

or Divorced, (write the word) WICOWEC

5a If married, widowed, or divorced

HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct , 10-1868

7 AGE Years Months Days If LESS than 1 day,....hrs 63 or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work...

Shoemaker

(b) General nature of Industry. business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland (State or country)

10 NAME OF FATHER Waclaw Siewierski

II BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Zofia Muchowski /27, 19 Z(Address) 1

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

Informant (Address)

Filed Lu Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 CERTIFY, That I attended deceased from

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows

(Secondary)

18 Where was disease contracted

if not at place of death?....

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis? (Signed)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

20 UNDERTAKER

DATE OF BURIAL

should state of OCCUPA.

ORD. Every item. PHYSICIANS sho statement PERMANENT classified be stated properly be of plnods AGE that instructions JNFAL supplied. Z See d in DE should OF DE SI (1) mation CAUSE TION i

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[Approved by U. S. Census and American Public Health Asso.]

salary), may be entered as Housewife, Housework, "Laborer," "Foreman," "Manager," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only or industry, and therefore an additional line is protrial employments, it is necessary to know (a) the freman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, or term on the first line will be sufficient, e. g., spective of age. For many occupations a single word question applies to each and every person, healthfulness of various pursuits can be known. The occupation is very important, so that the relative or At home, and children, not gainfully employed, as only (not paid Housekeepers who receive a definite Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer, form part Automobile factory. The material worked on may kind of work and also (b) the nature of the business occupation whatever, write None. Farmer (retired, 6 yrs.). For persons who have no state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed in domestic service for wages, as Servant, Cook report specifically the occupations of persons engaged At school or At home. home, who are engaged in the duties of the household Statement of Occupation .- Precise statement of business, that fact may be indicated thus: of the second statement. Care should be taken to Compositor, Archi-"Dealer," etc., Never return

same accepted term for the same disease. respect to time and causation), using always the DISEASE CAUSINO DEATH (the primary affection with toneum, etc., Carcinoma. Sarcoma, etc., of_ (avoid use of "Croup"); Typhoid fever (never re-"Epidemic cerebrospinal Cerebrospinal fever (the only definite synonym is (name origin; "Cancer" is less definite; avoid use of indefinite); Tuberculosis of lungs. meninges, peri-Bronchopneumonia ("Pneumonia," Statement of Cause of Death .- Name, first, the "Typhoid pneumonia"); Lobar pneumonia; meningitis"); unqualified, Diphthcria Examples:

> ary), 10 ds. Never report mere symptoms or terminal rhage," "Inanition," "Marasmus," "Old age," "Shock," symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory ing; Struck by railway train-accident; Revolver INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to "PUERPERAL diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. "Uremia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Hemorvulsions," "Debility" ("Congenital," "Senile," etc.), Whooping cough; Chronic valvular heart disease; the American Medical Association.) death approved by Committee on Nomenclature of tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. wound of head-homicide; Poisoned by carbolic acid determine definitely. Examples: Accidental drownundertaken. (secondary or intercurrent) affection need not be -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of septicemia," "PUERPERAL peritonitis," FOR VIOLENT DEATHS State MEANS malignant Example: Measles (disease neoplasms); Always qualify all

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLAINLY,

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PHYSICIANS should state ECORD. Every item of inforof OCCUPA. statement Exact stated EXACTLY properly classified. TION is very important. See instructions on back of certificate. STATE OF MARYLAND-CERTIFICATE OF DEATH

07550

| 1. PLACE OF DEATH County Saltin | 11 og l | 107-a | Registration | Dist No. 4 | 44 |
|---|---|--|----------------------|-------------------------|---------------------|
| Village or City Bowley Length of residence in city or town where | V/1 | No. death occurred in a hospital or institution of the second of the se | ution, give its NAM | E instead of street and | |
| 2. FULL NAME Melving (a) Residence: No. Bules | In I worters | St., _ Ward. | If nonresident | give city or town an | od State |
| PERSONAL AND STATIST | ICAL PARTICULARS | MEDICAL C | | OF DEATH | id Mate |
| Plale 14. color of race | 5. SINGLE, MARKIED, WIOOWED, OR DEVORCEO (write the word) | 21. DATE OF DEATH | (Month) | (Day) | . 193 2 / (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | wf Sindall | 22. IHEREB | | Y That I attended | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months | Days 1f LESS than 1 day, hrs. 0r min. | to have occurred on the date state. The PRINCIPAL CAUSE OF DEA were as follows: | | | ; deeth is said |
| 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MHL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month, and year) | Mariferns on Cab C 11. Total time (years) spant in this occupation 12 | Blinch | - free | morria | T/4/ |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME Depth 14. BIRTHPLACE (city or town) | Sindall Sindall | Other Contributory Causes of Imp | oortance: | | |
| (State of country) | may my | Name of operation | Alys Sign | Oate of Was there or | 1. |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | which mad | 23. If death was due to external can Accident, suicide, or homicide? Where did Injury occur? Specify whether injury occurred | (Specify city or | Date of injury | , 19 |
| 17. INFORMANT AND | Jan 10 1952 | Manner of injury | | | |
| 19. UNOERTAKER (Address) 12/17 4 | he for | 24. Was disease or injury in any If so, specify | way related to occup | pation of deceased? | /6. |
| 20. FILED 119. 6 , 19. 5 | Registrar. e blanks are needed, address State Registrar. | (Address) | 331 6. | Morch o | us |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related eauses of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. |) 1 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 1 |
| | | | |

Exact statement of OCCUPA-

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | <u> </u> |
|---|---|
| County Baltimore | Registration Dist. No. 43 |
| Village or City Raspeburg | No. Sippel Ave. & Kenwood Av Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Louis Sippel, Sr. (a) Residence: No. Raspeburg, Md. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | 21. DATE OF DEATH July 21st, (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Gertrude Sippel | 22. I HEREBY CERTIFY That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Dec. 14, 1860 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin. | to have occurred on the date stoled above, at 9:25 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. frade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Retired SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and 1928 spant in this occupation (month and 1928 spant in this occupation (State or country) 12. BIRTHPLACE (city or town) Balto. CQ. | Other Contributory Chuser of Importance: addler |
| 13. NAME Unknown 14. BIRTHPLACE (city or town) | Name of operation Oate of |
| (State of country) Germany | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Gertrude Sippel (Address) Raspeburg, Md. | 23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| (Address) Raspeburg, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem., Date July 24, 19 32 | Manner of injury |
| 19. UNDERTAKER FREDERICK CASSALWA JONG (Addiess) 7401 Belair Road 20. FILEO. 7/23, 1932/0. L. Farly M. & Registrar. | 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) |

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Ex | ample I | - | Example II | |
|--|----------------------|-------------------|--|---------------|
| The principal cause of deat of importance were as follo | h and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | AUG 5 140 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V | July 5, 1927 | Peritonitis | 3 days ago |
| * | | Fred restaurances | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

| > Z | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER | RITE | PLA | INLY, | ● | E K | MARGIN RESERVED FOR BIN | N R. | ESI N | ERV. | EDHIS | FOR IS A | BI | |
|-----|--|-------|-------|--------|----------|------|--|-------|-------|-------|-------|----------|------|--------|
| (| mat | ion s | ponld | be car | refully | Su | mation should be carefully supplied. AGE should be stated EN | AG | Es | ponld | pe | stated | 回 | Part I |
| T | () CA | USE | OF D | EATH | in pla | in t | CAUSE OF DEATH in plain terms, so that it may be properly c | this | at it | may | he | prope | rly | U |
|) | TIC | Si NO | very | import | ant. | See | TION is very important. See instructions on back of certificate. | tions | on s | back | Jo . | certific | ate. | |

| STATE OF MARYLAND | CERTIFICATE OF DEATH 07555 |
|--|--|
| 1. PLACE OF DEATH | (83) |
| County (Sallimore | Registration Dist. No. |
| | on Not Waddla Utwer St, Wat f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos | |
| 2. FULL NAME Wilbur Lonald I | loffer |
| (a) Residence: No. 53 45 Reisterstown | Rost: Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE 5. SINGLE, MARRED, W100WED, OR OLOVORCED (Swrite the word) | 21. DATE OF DEATH July (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of | 22. I HEREBY CERTIFY. That I attended deceased for |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 |
| 6. DATE OF BIRTH (month, day, and year) January 5th 1916 | I last saw h alive on 19 death is s |
| 7. AGE Years Month Days If LESS than | to have occurred on the date stated above, at |
| 16 6 23 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8 Trade profession or particular | accidental proving Oate of one |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Student SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Public SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation). | |
| 9 Industry or business in which work was done, as SILK MILL, Public Ishool | |
| SAW MILL, BANK, etc | |
| this occupation (month and spant in this occupation occupation | |
| | Other Cantributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 13. NAME LUX & Stoller | |
| 13. NAME Levy C. Floffer 14. BIRTHPLACE (city or town) | Name of operation |
| (State or country) Md | What test confirmed diagnosis? |
| 15. MAIOEN NAME Elisabeth Mecks | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, sulcide, or homicide? Date el Injury, 19 |
| 16. BIRTHPLACE (city or town) (State or country) | Where did Injury occur? |
| 17. INFORMANT Guy E. Shoffer | (Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 5245 Reisterstown Road | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Likelide Ridge Oate July 30 , 19.32 | Nature of injury |
| 19. UNDERTAKER Harry H. Wilyke | 24. Was disease er injury in any way related to occupation of deceased? |
| (Address) Edmondson ave | If so, specify 1 |
| 20. FILED/ uly 30, 1932 John G. Jonneley | (Signed) Jacob Hallman Coroner M. |
| Régistrar. | (Address) Ilcramata Visiv Md |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example | į | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related eauses of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of anset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage 7.5. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

PHYSICIAN RECORD. PERMANENT O 4 回 properl stated THIS may pluods UNFADING INK that supplied. terms, plain H DEATH

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH Sshould County Baltimore Registration Dist. No. (a) Residence: No. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 5a. If married, widowed, or divorced ERTIFY. (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) Oays 7. AGE Years Months If LESS than I day,hrs. min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Data deceased last worked at no 11. Total time (years) this occupation (month and vear) spant in this occupation _ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town (State or country) mation should be carefully What test confirmed diagnosis? Was there an au'opsy? / Was there an au'opsy? MOTHER important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? ... Hospital (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN very OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE NOIL Nature of injury 24. Was diseasa or injury in any way related to occupation of deceased 19. UNDERTAKEI If so, specify (Signed) 20. FILED

institution, give its NAME instead of street and number) If nonresident give city or town and State (Oav) (Year) That I attended deceased from Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ...

Registrar.

Towson. Maryland.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonilis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| ADDITIONAL SPACE FOR FURTHER | R STATEMENTS BY PHYSICIAN | nolan |
|------------------------------|---------------------------|-------|
| | J | |
| | | |

(Address)

2D, FILED

ould state

(Signed) Golf, E. James

If more blanks are need and ess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory takes of importance, name other important diseases or injuries. Examples:

| Example | 2 | Example II | |
|---|---------------|--|---------------|
| The principal came of death and related causes of importance were as follows: | Dite it onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclaros | Gud . | Attack of epilepsy | 1 week ago |
| Chronic intersitied nepolities | 139) | Run over by street car | 1 week ago |
| Cerebral hemorringe | Jaly 5 3 27 | Perilonitis | 3 days ago |
| - 10 M | | | |
| | // | | |
| Other contributory causes of Importance: | | Other contributory causes of importance: | |
| Gallstones: | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Relatives claim, that the dale of doubte in this certificate is in corror and that he was born may 1" 1865 unstead of 1861- making him 67 years 2 months + 29 blayor A. E. Janet

They for the state of the state

y Silam

Lan Can

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward)

number.)

| | MEDI | CAL CERTIFU | EATEO | PUEATH | |
|-----------|------------------------|---|-------------|------------|-------------|
| 16 DA | TE OF DEAT | free | , 2 | 8 | , 1937 |
| ********* | ********************** | (Mon | th) | (Day) | (Year) |
| 17 | July | SY CERTIFY, THE STATE OF LEGISTER AND ALIVE ON LONDON | hat I atte | nded the d | eceased fro |
| that I | I last saw h | alive on | fue | 24 | , 1925 |
| and t | hat death occ | urred on the dat | te stated s | bove, at | т |
| The C | AUSE OF DE | ATH * was as fo | llows: | | |
| | | | | | |

| Jongin | ilal pi | mor au | 200 |
|---|---------|--------|-----|
| *************************************** | •••••• | | |
| | (D) | W | 25 |

| (Duration) | yrs |
|----------------|----------------|
| gned) Maurier | 9 26- |
| ened) / uccrue | a, O min, M. I |

19237(Address) 3300 Mix out line

*State the Disease Causing Death, or, in deaths from Violent Causes, state_(1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

| 18 LENGTH | OF RESIDENCE | (ror | Hospitals, | Institutions, | Irans |
|------------|------------------|------|------------|---------------|-------|
| ients or R | ecent Residents) | | | | |
| At place | | | In the | | - |

ADDRESS

If more blanks are needed, address Hape Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Foremon, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Loborer-Coal minc, etc. Womknow (a) the kind of work and also (b) the (b) Cotton without more precise specification as Day For persons who have no occupation mill; (a) Solesmon. (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death diseases resulting from childbirth or misearriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonoeum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid tetonus) may be stated under the head of "contributory." can be ascertained as the causc. "Uraemia, " "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for inalignant neoplasms); Mcosles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection necd Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic etc. The contributory volvular heart disease; Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

| f te | STATE OF MARYLAND— | CERTIFICATE OF DEATH 07259 |
|---|---|--|
| state UPA- | 1. PLACE OF DEATH | (23) |
| ould stat | / County Baltimore | Registration Dist. No. |
| should of OCC | Village or City EUDOWOOD SANATORIUM, TOWSON, | death occurred in a horpital or institution, give its NAME instead of street and number) |
| | Length of residence In city or town where death occurredyrs mos. | 24 ds. How long In U.S. if of foreign birth?mosds. |
| IAI | 2. FULL NAME Catherine Frances | Sullivan |
| PHYSICIANS ict statement | (a) Residence: No. $3575 - 1144$ St N. V. (Usual place of abode) | U St., Ward. Washington D. C. |
| Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| (2) | 3. SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, ORODIVORCED (wp/2 the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| X A C T I | 5e. If married, widowed, or divorced HUSBAND ot (or) WIFE of | 22. I HEREBY CERTIFY. That I attended deceased from |
| | 6. DATE OF BIRTH (month, day, and year) August 16 1892 | I last saw hele alive on July ,27 ,1932; death is said |
| stated E properly certificate | 7. AGE Yeers Months Deys If LESS than | to have occurred on the date stated above, at 6:30 A.m. |
| stated proper ertific | 39 // // 1/ day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| be st be pr | 8. Trade, profession, or particular kind of work done, as SPINNER, Reading Clerk SAWYER, BDDKKEEPER, etc. | Pulman Interaloses april 19 |
| nould may back | 9 Industry or business in which work was done, as SILK MILL Catholic Welfare Concel | |
| s sh t it | kind of work done, as SPINNER, Reading Clearly SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL Catholic Welfare Concel SAW MILL, BANK, etc. 1D. Date deceased last warked at this occupation (worth and 9 3) year) 11. Total time (years) spant in this occupation Occupation Occupation | |
| oplied. AGE erms, so that instructions | IN/a a line too | Dther Contributory Causes of Importance: |
| | 12. BIRTHPLACE (city or town) Washington (State or country) | |
| illy supplied plain terms, . See instru | 13. NAME John Sullway. | |
| sup in te | 14. BIRTHPLACE (city or town) le laud | Name of operation |
| lly S | (State of country) | What test confirmed diegnosis? The Was there an auropsy? 10 |
| efully in pla ant. | 15. MAIDEN NAME Kathlyne Sheghan | 23. If death was due to external causes (VIDL ENCE) fill in also the following: |
| | [5] 16. BIRTHPLACE (city or town). Leland. | Accident, suicide, or homicide? Date of Injury, 19 |
| be careful EATH in primportant. | State or country) Hospital RecordsPersonal History | Where did injury occur? (Specify city or town, county and State) |
| ld DE | 17. INFORMANT | Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. |
| should OF D s very | 18. BURIAL, CREMATION OR REMOVAL | Manner of Injury |
| n s SE | Place Washington Date July 30, 1932 | Nature of injury |
| mation should be can CAUSE OF DEATH TION is very import | 19. UNDERTAKER 20 Jecken V. Grange and Charles (Address) | 24. Was disease or injury in eny way related to occupation of deceased? No: |
| (3) | 20. FILED July 27 , 1982 As P. Butter. | (Signed) Eudowood San Towson, Md. |
| 0 | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BURBAU Y. | 4 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | - |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| · | | | |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|---------|------------|----|-----------|
|--------------|-------|-----|---------|------------|----|-----------|

| "an | | |
|-----|---|--|
| - | + | |
| 1 | | |
| | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. Kider. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number PHYSICIANS How long in U.S. If of foreign birth? _____vrs.__ Length of residence in city or town where RECORD. Every If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIO OWED, 21. DATE OF DEATH (Month) 5a. If massied, wildowed or divorces
HUSBAND of ERTIFY. (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Months The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Oate of onset Vrade, profession, or particular THIS OCCUPATION MARGIN RESERVED kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. back plnods 10. Date deceased last worked at no this occupation (month and spant in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) in plain (Stete or country) should be carefully Whet test confirmed diegnosis? Was there en au'opsy?..... MOTHER very important. 15. MAIOEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Oate of injury..... 16. BIRTHPLACE (city or town) (Stete or country) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE (Address 3grave'ck x Rides 18. BURIAL CREMATION. Manner of injury mation 19. UNDERTAKER If so, specify 20. FILEO. Registrar. (Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

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| | Example II | |
|-------------------------|--|---|
| ed causes Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1 D V 71921 | Run over by street car | 1 week ago |
| 7861 9 Julyo, 198 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| | Gastroenterius | 1 year |
| | 1915 1921 7861 9. Julyo, 193 | The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance: |

| nfor- state JPA- | STATE OF MARYLAND | CERTIFICATE OF DEATH. 07561 |
|--|---|---|
| · = | 1. PLACE OF DEATH | (5) Del May 113 53 051 |
| ould OCC | County Dallimore | Registration Dist. No. |
| item of should of OCC | Village or City (alonsville | Nould flight Age St., Ward death occurred in a horpital ox-institution, give its NAME instead of street and number) |
| > 00 + / | Length of residence in city or town where death occurredyrsmos. | ds. How long in U.S. If of foreign birth?yrsmosds. |
|). Every SICIANS atement | 2. FULL NAME Signart Soundse | |
| | (a) Residence: No ONd Krudwich Rd | St., Ward. |
| RECORD. FRACT MA | (Usual place of abode) | If nonresident give city or town and State MEDICAL/CERTIFICATE OF DEATH |
| RECO Fxact | PERSONAL AND STATISTICAL PARTICULARS | |
| 日任 一 | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Oay) (Year) |
| X A C T I classified. | 5a. If married, widowed, of divorced HUSBANO of | 22. I HEREBY CERTIFY. Thet I attended deceased from |
| (A) A (assi | (or) WIFE of | Oct 16 1931 to July 3/ 1932 |
| | 6. DATE OF BIRTH (month, day, and year) Land 23 1855 | I last saw harmalive on Parly 3/ , 19.3 2; death is said |
| IS A PE stated E properly | 7. AGE Years Months Oays ILESS than | to have occurred on the date stated above, at 5.300 m. |
| IS A F stated properl ertifica | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| | 8. Trade profession or particular | Uste of others |
| HIS be be of | kind of work done, as SPINNER aster SAWYER, BOOKKEEPER, etc. 9. adustry or business in which work was done, as SILK MILL Cosine Captons SAW MILL, BANK, etc. | Carcinona of Prostate Bladdy |
| should it may n back | 9. Industry or business in which work was done, as SILK MILL Carine Captains SAW MILL, BANK, etc | K Restour |
| INK- sho tit n on b | | |
| E to | O this occupation (menth and 1931 11. Total time (years) spent in this year) occupation | |
| NFADING oplied. AGI erms, so tha instructions | | Other Contributory Causes of importance: |
| d. sc | 12. BIRTHPLACE (city or town) (State or country) | |
| UNFA supplied n terms, ee instru | 13. NAME Svend Chah) | |
| 5 2 9 | 13. NAME LENG CHAPAN 14. BIRTHPLACE (city or fown) 1 | Name of operation Prostatestany Oate of 1931 |
| had and TO | (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| Y, WITH carefully si H in plain ortant. Se | 15. MAIOEN NAME (plonelle wendsen) 16. BIRTHPLACE (city or town) (State or country) | 23. If death wes due to external causes (VIOL ENCE) fill in also the following: |
| | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Oate of Injury, 19 |
| INLY be ca SATH mpor | (State or country) | Where did injury occur? (Specify city or town, county and State) |
| LAJ Ild DI | 17. INFORMANT | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| should be car OF DEATH | 18. BURIAL CREMATION OR REMOVAL | Manner of injury |
| E S | protoudon Tork plang. 3 132 | Nature of injury |
| -WRITE mation s CAUSE TION is | ym Charles 1 | 24. Was disease or injury in any way related to occupation of deceased? |
| TICE | 19. UNDERTAKER (Address) // 2/11 AT Torul of | if so, specify |
| ri ri | VI. SANY | (Signed) April M. O |
| z | 20. FILEO 1 3 19 Registrar. | (Address) 113 m, Frankli- |
| (T) | If more blank the proded Address State Periodran | Acre N. Charles Street Belimore Dequeting 71 S. No. |

MARGIN RESERVED FOR BINDING

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| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| TOTAL TOTAL | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

BINDING

MARGIN RESERVED

S. No. 1

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| | | | , |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|--------------|-------|-----|---------|------------|---------------|-----------|
|--------------|-------|-----|---------|------------|---------------|-----------|

-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. T RECORD MARGIN RESERVED FOR BINDING ITH UNFADING INK-THIS IS A PERMAN

V. S. No. 1

N. B.

| PLACE OF DEATH County Bultimore | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44 |
|--|--|
| Village or City Hort Houses - 2 FULL NAME John Joseph : | St.: Ward) St.: Ward) [If death occurred in a hospital or institution, give its NAME instead of atract and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH Jan. 17th, 1895 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h alive on 192 192 192 192 192 192 192 192 192 192 |
| 7 AGE If LESS than I day hrs. day hrs. day hrs. | The CAUSE OF DEATH * was as follows: |
| (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | (Durstion) yrs mos da. Contributory Secondary |
| 10 NAME OF FATHER andrew Thelen 11. BIRTHPLACE (State or country) 22 33 34 35 36 37 38 38 38 38 38 38 38 38 38 | *State the Disease Clusing Death, or, in deaths World Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER Colon murphy 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds |
| (Informant) andrew J. Thelen | Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 Filed Cong. 2 1982 John G. Cormelly Registrar | new Conthedial Ruy 4, 19 J. 20 UNDERTAKER ADDRESS JOS. J. Herr & Som 156 P. Ruyenne 15 W. Saratora St., Balton Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

en at home, sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. American Medical Associa approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee Chronic on valvular heart etc. The contributory affection need not be Nomenclature Always qualify all

If this certificate is cooked over thoroughly and all questions answered in detail, it will figurent further correspondence. All the data is essential an will be obtained before the certificate is permanently filed.

| | STATE OF MARYLAND | CERTIFICATE OF DEATH |
|-------|--|--|
| 1. | PLACE OF DEATH . | |
| / | com tellim on | Registration Dist. No. |
| _ | Village or City Amountous | No/323 Forsot CR & St. W |
| | | f death occurred in a hospital or institution, give its NAME instead of street and number) |
| | 0+001 | s. ds. Aloy Tang in U.S. If of foreign birth?yrsmos |
| 2. | FULL NAME OF US Wyar | u (Momas) |
| | (a) Residence: No, (Usual place of abode) | St., Ward. |
| - | PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. S | | 21. DATE OF DEATH |
| 4 | MA DIVORCED (write the word) | July 34 100 3 |
| 5a. | II. married, widowed, or divorced | (Month) (Day) (Year |
| | HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased |
| | 0 | , 19, to |
| 6. D | DATE OF BIRTH (month, day, and year) July 24 32 | I last saw h alive on, 19; death is |
| 7. A | The same of the sa | to have occurred on the date states above, at |
| | 1 day hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| NO | 8. Trade, profession, or particular | Date of o |
| | kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. | Duly vom we facel |
| PA | 9 Industry or business in which work was done, as SILK MILL, | |
| 5 | D. Date deceased last worked at 11. Total time (years) | (4 nis) |
| Ö | this occupation (month and year) | |
| | Sho done | Other Contributary Causes of Importance: |
| 12. I | (State or county) | Orm stress |
| 2 | 13. NAME Stephen Thomas | - Vivou vian |
| I | 10 2000 | |
| FAT | 14. BIRTHPLACE (city or town) (State or country) | Nama of operation Date of |
| 2 | 15. MAIDEN NAME Mary & Ormal | What test confirmed diagnosis? Was there an autopsy? |
| = - | 50 000 | 23. II death was due to extarnal causes (VIOLENCE) fill In also the following: |
| 2 | 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of Injury |
| | Ma a Ch | Where did Injury occur? (Specify city or town, county and State) |
| 17. I | (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. E | BURIAL, CREMATION, OR REMOVAL | |
| | Placelet 10 Johnson Kop King | Manner of Injury |
| | Met Sino Di + | Nature of Injury |
| 19. U | (Address) | 24. Was disease or injury in any way related to occupation of daceased? |
| | (40.05 12 Whole | II so, specify |
| 20. F | | (Signed) |
| | Registret. | 2411 N. Charles Street, Balaystore, Requesting U. S. No. 1. |

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| | | , , | | |
| Other contributory causes of import | ance: | | Other contributory causes of importance: | |
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| | | | | |
| | | | | |

| DV. | 282 1 | STATE OF MARYLAND— | CERTIFICATE OF DEATH 07: | 565 |
|----------|---|--|--|-----------------|
| / | state UPA- | 1. PLACE OF DEATH | 92-0 | |
| | | county /alternors | Registration Dist. No. | |
| | should of OCC | Village or City Catous ville | death occurred in a horpital or institution, give its NAME intend of street and in | Ward ward |
| | 200/2 | Length of residence in city or town where death occurred yrs. 3 mos. | 8 ds. How long in U.S. if of foreign birth? yrs mos | ds. |
| | Eve TA eme | 2. FULL NAME Roland & Thomy | baon | |
| | CORD. Every PHYSICIANS ict statement | (a) Residence: No. 2437 Sulface of abode) | Sive Ward Dallim AVE DI | Siate |
| | RECORD. PHYS Exact sta | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | Z.X. | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whate Or doved | 21. DATE OF DEATH 25-9 (Month) (Day) | 198 2 (Year) |
| DING | MANEN' ACTL assified. | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended of | leceased from |
| BINDIN | EXE. | 6. DATE OF BIRTH (month, day, and year) | I last saw has alive on July 25 1932 | death is said |
| FOR | IS A PE stated E properly certificate | 7. AGE Years Months Days 16/LESS than 1 day,hrs. or | to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| | his i | Trade, profession, or particular kind of work done, as SPINNER Jalesman SAWYER, BOOKKEEPER, etc. | | |
| RVI | K—T hould may back | Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Chr. Endocardetes | 3max |
| RESERVED | on trib | 11. Total time (years) this occupation (month and year) | Other Contributory Causes of importance: | |
| | ADING d. A. s, se tl ruction | 12. BIRTHPLACE (city or town) | Office Conditionary Condition of Importance. | |
| MARGIN | UNFADING supplied. AGI n terms, so tha se instructions | (State or country) (State or country) (State or country) (State or country) | arterio-Schrolo. | 3 mis |
| MA | Date | 13. NAME WM Thompson 14. BIRTHPLACE (city or town) (State or country) | Name ef operation Date of | |
| | = 00 | (Orate of County) | What test confirmed diagnosis? Was there an a | utopsy? |
| | X, WITH carefully [H in pla ortant. | 15. MAIDEN NAME Elsa Ohneove 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following | |
| | INLY, WI be careful EATH in p important. | 16, BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury Where did injury occur? | , 19 |
| • | PLAINLY, fould be car F DEATH rery import | 17. INFORMANT Man Eliabeth Stewart | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | i) ICE. |
| | | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | |
| 1/3 | | Place Louid Ordge Date July 27, 1932 | Nature of injury | |
| | -WRITE mation SI CAUSE TION is | 19. UNDERTAKER John & Denny | 24. Was diseasa or injury in any way related to occupation of deceased? | 20 |
| K. No. | 四 | (Address) () 715 Light 24 | (Signed) ADG4 - Egarrett | |
| >. | z ! | 20. FILED. 19 Registrar. | (Address) Caton Dwille 8) | rod. |
| | | If more blanks of the lat factors Stilly Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | |
|--|--|---------------|--|---------------|
| The principal cause of importance were a | of death and related causes s follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | AUG 5 1832 | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nep | hritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V S | July 5, 1927 | Peritonitis | 3 days ago |
| | 4 | | | |
| Other contributory c | auses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| + | STATE OF MARYLAND— | CERTIFICATE OF DEATH 07566 |
|--------------------------|--|--|
| 4 | 1. PLACE OF DEATH | |
| 000 | County Ballimore | Registration Dist. No. 31/ |
| of C | Village or City MA Curwel | NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| - | Length of residence in city or town where deeth occurred 3 Oyrsmos | death occurred in a hospitator institution, give its IVAIVE instead of street and number) ds. How long in U.S. if of foreign birth? |
| statement | 2. FULL NAME Susie a. Tras | ly |
| tat | (a) Residence: No. | St., Ward. |
| | (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| Exact | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Word) | 21. DATE OF DEATH |
| ÷. | Hemale While married | (Month) (Day) (Year) |
| classified | 5a. If married, widered, as diversed (or) Wife of Thomas (not of the second of the sec | 22. I HEREBY CERTIFY, That I attended deceased from |
| clas | a la a la com | July 3 M , 19 82 10 July & tt. 19 3 2 |
| | 6. DATE OF BIRTII (month, day, and year) | I lost saw has alive on Gully the 19 2 death is said |
| properly certificate. | 7. AGE Yeers Months Days If LESS than 1 day, hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| - | 8. Trade, profession, or particular | berebral Hrmunshass Bute of onset |
| of of | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 8 732 |
| may | 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| # # | O Date deceased last worked at this occupation (month and spent in this occupation) | |
| that | yeer) occupation | Other Coutributory Causes of Importance: |
| so | 12. BIRTHPLACE (city or town) - Mary Land | |
| terms, e instru | 13. NAME abrame Wisney | |
| 4 0 | 14. BIRTHPLACE (city or town) A surface of | Name of operation Date of |
| | (State of County) | Whet test confirmed diagnosis? |
| in ant. | 15. MAIDEN NAME Caraline Succh 16. BIRTHPLACE (city or towns) (State or country) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| EATH in p important. | 16. BIRTHPLACE (city or towns) Mary land | Accident, sulcide, or homicide? |
| DEATH y import | 17. INFORMANT Homas Tracey. | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| OF D | (Address) Upperso and | |
| EJ .02 | Place Hureston Oate July 9, 19 3 2 | Manner of injury |
| CAUSE TION is | 81.1001 | Nature of injury |
| CA | 19. UNDERTAKER Odlu (Address) Namparetal ma | 24. Was disease or injury in only way related to occupation of deceased? |
| 1 | 20. FILED 7 - 6 1932 6. 6. Frosth M. W | (Signed) M. R. e. J. A. M. D. |
| | Local Registrar. | (Address) for assofition in a |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage L. D. 2007 | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: | 1 year |
| | | | |

| o noto undo " | Lesli" | 10/4/32 | Concerned | Item, #22 |
|---------------|---------|---------|-----------|-------------|
| | , - 001 | 177 | / | The Control |

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

07567

| 1. PLACE OF DEATH | (122-9) | |
|---|--|-----------|
| County Ballemore | Registration Dist. No. 33 | |
| Village or City Owings mills | | /ard |
| | death occurred in a horpital or institution, give its NAME instead of street and number) | ds |
| 4 1 | | |
| 2. FULL NAME Lenge alvin / ys | | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | |
| male White Single | (Month) (Day) (Year | 5 |
| 5a. If married, widowed, or divorced HUSBAND of | 22. HEREBY CERTIFY, That I attended deceased | from |
| (or) WIFE of | Inly 30 ,1932 to July 31, 193 | 2 |
| 6. DATE OF BIRTH (month, day, and year) march 12, 1926 | I last sew harm elive on, 1932 ; death is | said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, et. \$1.00 P.m. | |
| 6 4 19 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | nnat |
| 8. Trede, profession, or particular kind of work done, es SPINNER, Smule | | |
| SAWYER, BDOKKEEPER, etc. | Inlastinal Ids | R. |
| work wes done, as SILK MILL, Truing School | Astruction | |
| U 10. Date deceased last worked et Ourng 11 Mola fine (190rs) | | |
| this occupation (month and yeer) spent in this occupation | Dther Contributory Causes of Importance: | • • • • • |
| 12. BIRTHPLACE (city or town) maryland | Differ Contributory Causes of Importance. | |
| (State or country) | Perstantes 1d | a |
| 13. NAME Roland year | , | |
| 13. NAME Roland your 14. BIRTHPLACE (city or town) maryland | Name of operation Date of | |
| (State or country) | What test confirmed diegnosis? Clusical Les Was there an autopsy? | lio |
| 15. MAIDEN NAME Eva Walker 16. BIRTHPLACE (city or town) - waryland | 23. If death was due to external causes (VIDL ENCE) fill in also the following: | |
| O 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide?, 19 Where did injury occur?, 19 | |
| 9 +x + 10 Dans 1 | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| (Address) Rosework State I rawing School | e e e e e e e e e e e e e e e e e e e | |
| 18. BURIAL, CREMATION, OR REMOVAL O Guing Wills, ma | Manner of injury | |
| Place Westayen Chapel Date Long 3, 1932 | Nature of injury | |
| 19. UNDERTAKER W. J. Tuckeny & S. | 24. Was disease or injury in any way related to occupation of deceased? | |
| (Address) Morch & Penna anes | If so, specify | |
| 20. FILED July 3/1932 4. M. Slade - | (Signed) George (Wedary | M. D. |
| Registrar. | (Address) Uwwys Mills Mid | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I EIVE | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis REPEATIV. | . 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonilis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-----------|---------|------------|----|-----------|
| | | | | | |

| countedactionor | Registration Dist. No. |
|---|--|
| Village or City July Orcas | No. St., If death occurred in a borpital or institution, give its NAME instead of street and number |
| Length of residence in city of town, where death occurredyrsmo | |
| 2. FULL NAMESTILL Vorwenfant | allow |
| (a) Residence: Np. (Usual place of abode) | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 2 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | 21. DATE OF DEATH |
| White OR DIVORCED (write the word) | (Dey) (193 |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceas |
| 6. DATE OF BIRTH (month, day, and yeer) July 23,/932 | I last saw h alive on, 19; deati |
| 7. AGE Years Months Days If bess than | to have occurred on the date stated above, atm, |
| or min. | The PRINCIPAL CAUSE OF DEATH and conted couses of importence were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11 Total time (years) | al civil |
| SAW MILL, BANK, etc | still born 2/2 no |
| O 10. Date deceased last worked at this occupation (month and year) | |
| Vinea Consid | Dther Contributory Causes of importence; |
| 12. BIRTHPLACE (city or town) (State or pountly) | Prematun |
| 13. NAME Ad Willow | |
| 13. NAME AND WILLOW 14. BIRTHPLACE (city or town) Perma | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy |
| 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| His 1 / 1101-11 | Where did injury occur? |
| 17. INFORMANT And day Culture (Address) Lones Crill | Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place lew to form Date to phone, 19 | - Neture of injury |
| 19. UNDERTAREM atomical Lat. | 24. Was disease or thirty near way related to occupation of deceased? |
| (Address) | If so, specify f |
| 20. FILED Xuly 24 1932 11 11 X Warmer NA | (Signed) A Thomas A T |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | Example II | | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage AUG 0 1332 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | <u> </u> | 1 |

| ADDITIONAL SPACE FOR FURTHE | R STATEMENTS BY PHYSICIAN |
|-----------------------------|---------------------------|
|-----------------------------|---------------------------|

| 1. PLACE OF DEATH . | <u> </u> |
|--|--|
| County Ballinere. | Registration Dist. No. |
| Village or City Sparrows Point | No. 6.0. 130x 35-2 St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME VERINA | |
| (a) Residence: No. Aparrows Point Rd | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Female white OR DIVORCED (write the word) | July 1932. |
| 5a. If marriad, widowad, or divorced | (Month) (Day) (Year) |
| 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| | July 7, 1932 to July 7, 1932 |
| 6. DATE OF BIRTH (month, day, and year) July 7. 193 2. | I last saw her alive on 1932, daath is sald |
| 7. AGE Years . Months Days If LESS than I day,hrs. | to have occurred on the data stated above, at |
| ormin. | were as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, | Stillborn |
| SAWYER, BODKKEEPER, etc. | • |
| work was dona, as SILK MILL, SAW MILL, BANK, etc. | |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dato daceased last worked at this occupation (month and spent in this | |
| yaar) occupation occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Sparracos Paul | Grenature - 5 months |
| (State or country) | |
| 13. NAME Juke Vermakis - | |
| 14. BIRTHPLACE (city or town) Laros | Name of operation woul Data of |
| (State of Country) | What test confirmed diagnosis? Samusalion Was there an autopsy? |
| 15. MAIDEN NAME Maria Munarco - | 23. If death was due to axternal causes (VIDLENCE) fill in also the following: |
| [16. BIRTHPLACE (city or town) | Accidant, suicida, or homlolda? |
| (State or country) | Whare did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT Muke Vermalis | Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| (Address) Sparous Pout ned. 18. BURIAL, CREMATION, OR REMOVAL | Manage of internet |
| Place Private grounds Date July 7 , 1932 | Manner of injury Nature of Injury |
| 10 more (Parent) | 24. Was disaasa or injury in any way related to occupation of dacaased? 200 - |
| 19. UNDERTAKER (Address) | If so, specify |
| Mey 9 32/1/ Henricum | (Signed) James M. Hollyn M.D. |
| 20. FILED Registrar. | (Address) Spanows Vant. md |

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | Įį. | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | ER STATEMENTS BY PHYS | FURTHER | FOR 1 | SPACE | ADDITIONAL |
|---|-----------------------|---------|-------|-------|------------|
|---|-----------------------|---------|-------|-------|------------|

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | | |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week dago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5, 1927 | Peritonitis | 3 days ago | |
| | | | |
| May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year | |
| | | 1 year | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

A D N I B

FOR

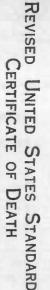
MARGIN RESERVED

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

| County | Registration Dist, No. 3 |
|---|---|
| Village or CityHebbrille (No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and |
| 2FULL NAME C. FELGLE | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH July 3 , 1932 (Month) (Day) (Year) |
| 6 DATE OF BIRTH Feb. 1849 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, Than I attended the deceased from 1932 to July 13 , 1932 that I last saw husalive on July 13 , 1923. |
| 7 AGE 83 yrs. 4 mos. 25 ds. or min.? | The CAUSE OF DEATH * was at follows: |
| (a) Trade, profession of Relief Musical (b) General nature of industry | |
| business, or establishment in which employed or (employer) | Contributory Secondary Secondary Suration) Vis. mos 5 ds. |
| 10 NAME OF FATHER COURSE | (Signed For E Martin M. D. Suly 13.193 24Addra Raudallstonn |
| OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Juse Hafre | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER (State or Country) Services | At place of deathmosds. In the Stateyrsmosds. Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW LEDGE | if not at place of death? |
| (Informant) She V. Weedewey | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) hordland | Frodlam July 16, 19.32 |
| 15 Filed July -13- 1932 M.n. Buffers | 20 UN DERTAKER COOK 103 Butto ST |

If more bianks are needed, address State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, Spinner, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cools, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condistated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarconu, etc., of approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." as fracture of skuli, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (increly symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY American Medical Association.) Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

RUREAU permanently filed data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

MARGIN RESERVED FOR BINDING

| STATE OF MARYLAND | CERTIFICATE OF DEATH 17572 |
|--|---|
| 1. PLACE OF DEATH | 1 00 (94-6) |
| county dutherville md | Dallo Co 1 Registration Dist. No. 37 |
| Village or City | No. St., War |
| Length of residence in city or town where death occurred vrs. 7 mm | If death occurred in a horpital or institution, give its NAME instead of street and number) a. ds. How long In U.S. if of foreign birth? |
| 2. FULL NAME Frank of Wheeler | g |
| P TA DO | O. Ward |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIYORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| Sa. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of Whichard of Bessie Wheele | 22. I HEREBY CERTIFY, That I attended deceased from 30 3 1932 to sucky 2 ml 193 |
| DATE OF BIRTH (month, day, and year) | West saw him elive on July 10 1937 death is sa |
| AGE Years Months Days If LESS than | to have occurred on the date stated above, at 7.4 m. |
| 70 3 22 1 dey, hrs | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 2 Trade profession or particular | wern as follows: Drombosco Detections |
| kind of work done, as SPINNER, Returned Farmer | 93: |
| Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 1D. Date deceased last worked at 11. Total time (years) | |
| this occupation (month and 60 4m spent in this occupation | |
| Belfast 1 | Other Contributory Causes of importance: |
| 2. BIRTHPLACE (city or town) (State or country) (State or country) | muston a Desper Street |
| 13. NAME Frank Jurbales | - The street of the street |
| 13. NAME Twheeler 14. BIRTHPLACE (city or town) Belfast | Name of operation None , Date of |
| (State or country) Balto Co mil | What test confirmed diagnosis? Physical forting Was there an autopsy? |
| 15. MAIDEN NAME Martha Cole, | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or country) | Where did Injury occur? Monse |
| 7. INFORMANT Kertherville 2 | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| (Address) | |
| 8. BURIAL, CREMATION, DR REMOVAL | Manner of injury |
| Place (Magnet 5, 19 2 | Nature of injury |
| 9. UNDERTAKER Van C. Drooth to | 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILED July 3, 19 3 2 B Ben Begistrar. | (Signed) Daniel of RI Mio Surger M. (Address) Topicon mid |
| If more blanks are needed, address State Registrar | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 6. | all y | 100 | $p \cdot d h_{\rm p}$ | 7 |
|----|-------|-----|-----------------------|-----|
| 0 | 1 | 1.9 | 1 | . 8 |
| 11 | | 27 | 0 | 41 |

| 1. PLACE OF DEATH | 23 |
|--|---|
| County Galla | Registration Dist. No. 33 |
| | No. St., Ward of death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME James R. Hutcoal | |
| (a) Residence: No. Ourngs Mills (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Male 4. COLOR OR RACE OR DIVORCED (wrighthe word) Market | 21. DATE OF DEATH July 23, 193.7 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Stella V. It futerout | 22. I HEREBY CERTIFY. That I ettended deceased from 1937, to July 23, 1937 I last saw have alive on July 23, 1937; death is seid |
| 6. DATE OF BIRTH (month, day, and year) March 15 887 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8 Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, Falour ow Road SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant in this | De le las allendel by Dr faires huller Culium diberculum |
| 12. BIRTHPLACE (city or town) Balto Go (Stata or country) | Other Contributory Causes of importance: - Australian & Rarchae - Australian & Rarchae |
| 14. BIRTHPLACE (city or town) Md. (State or country) | Name of operation Bure Date of What test confirmed diagnosis? Helbourfore Was thara an autopsy? hts. |
| 15. MAIDEN NAME Munday Baubloty 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Clward Whiteorub (Address) Swing, Mills | 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION OR REMOVAL Place At Morrows 6 cm. Date July 26, 1992 | Manner of Injury |
| 19. UNDERTAKER F Clim & Sors (Address) Rustuston Md | 24. Was diseasa or injury in any way related to occupation of deceased? |
| 20. FILED 19 72 19 22 Registrar. | (Signed) Address) Alexandra Und |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I The principal cause of death and related causes of importance were as follows: | | | Example 1I | | |
|---|--------------------|-------------|---|---------------|--|
| | | | The principal cause of death and related cause of importance were as follows: | Date of onset | |
| Arteriosclerosis | AUG: T LISS | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BURELU | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | | |
| Other contributory cau | ses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | (82·F) |
| County Baltimore | Registration Dist. No. |
| Village or City Woodlaww (If | No. Saint Jukes Zane St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where deeth occurred 20 yrsmos. | |
| 2. FULL NAME Emma ameli | a Whitmore |
| (a) Residence: No. St. Lukea Lane | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed | 21. DATE OF DEATH (Month) (Oay) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Ringold Whitmore | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and yeer) | I last raw her alive on July 0220 , 1932; death is said |
| 7. AGE Years Months Oays If LESS than | to have occurred on the date stated above, at 8.38 P.m. |
| 78 10 3 1 dey,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8. Trede, profession, or particuler kind of work done, as SPINNER. Housewife SAWYER, BOOKKEEPER, etc. | C 0 0 70 0 193 |
| 9, Industry or business in which work was done, as SILK MILL. | Cherre Junimoras 1-27 |
| SAW MILL, BANK, etc 10. Oate deceesed last worked at this occupation (month and year) year) 11. Total time (yeers) spent in this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) New York City | Other Contributory Causes of importance: |
| | Samility |
| 13. NAME Wither Column Haslings | <i>G</i> |
| 13. NAME arthur Colonin Hastings 14. BIRTHPLACE (city or town) (State or country) 6. mgland | What test confirmed diagnosis? Physical was yere an autopsy? |
| 15. MAIOEN NAME China Vane Chiett | 23. If death wes due to external causes (VIOL ENGE) fill in also the following: |
| 15. MAIOEN NAME Chara Chieft 16. BIRTHPLACE (city or town) (State or country) Characteristics 15. MAIOEN NAME Characteristics (State or country) | Accident, suicide, or homicide? Oate of injury, 19 |
| 17. INFORMANT Mr. arthur whitmore (Address) Woodlawn Md. | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place TLOW Date 7/25, 1932 | Manner of injury |
| 19. UNOERTAKER Urcliam Cook (Address) /217.57 Part 55 | 24. Wes disease or injury in any way releted to occupation of deceesed? |
| 20. FILED / 23/3219 M. D. Buffers Registrar. | (Signed) Jashue V. Ormacod M. D. (Address) Woodlawn M. D. |
| | |

who had no occupation whatever write none. in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

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8.-The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory" "mill," etc.

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, Distinguish carefully the different kinds of engineers by stating the full descripting tipes, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

| 109ft I | Other contributory causes of importance: | SSEL, I HOM | Other contributory causes of importance: Gallstones |
|---------------|--|---------------|--|
| ogn synb 8 | Perdonits | LZGI'Gfimf | Cerebral hemorrhage |
| obo yəəm I | Run over by street car | 1861 | Chronic interstitut nephritis |
| ा १९६६५ वर्वा | Muck of epilepsy | 9161 | Arteriosclerosis |
| Date of onset | The principal cause of death and related causes of importance were as follows: | Jazno io alad | The principal cause of death and related causes of importance were as follows: |
| | II əlqmaxA | 11- | Example 1 |



| i. | Ø2 | 1 | |
|---|--|---|--|
| of | nld | 200 | |
| NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in | be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s | LATH in plain terms, so that it may be properly classified. Exact statement of OCCU | |
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| Z | lppl | teri | i |
| H | ns / | iin | See |
| E | ully | pla | 4. |
| | ref | l in | moortant. See instructions on back of certificate. |
| LY | ca ca | TH | DOL |
| Z | þ | V | E |

OF DI should

CAUSE mation

TION

WRITE

for-tate PA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Baltimore County Registration Dist. No. Village or City EUDOWOOD SANATORIUM, TOWSON MBO. St., St., Cif death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ___ds. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) male 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Novem If LESS than to have occurred on the date stated above, at 7:50 A m. 7. AGE Months Days The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were es follows 1928 8 Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at this occupation (month and yeer) 11. Total time (vears) spent in this occupation Other Contributory Causes of importence 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis?___ /_-MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Hospita] Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION OR Menner of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Address) Eudowood Clowson, Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 71 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week aga |
| Chronic interstitial nephritis AMG 2 1505 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU 7. 8. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstanes | May 1,1923 | Gastroenteritis | 1 year |
| | | 1. Jan. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | |

| ADDITIONAL S | PACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|----------|---------|------------|----|-----------|
|--------------|----------|---------|------------|----|-----------|

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | OI MAIL | ILAND | CERTIFICATE OF BEATT | 2 |
|--|---------------------------|---|--|--------------------|
| County Baltimore | | | Desirtation Dist. 11 | 57/ |
| / | | | Mt. Wilson Branch, Md. No. Tuberculosis Sanatoriumst | V |
| Village or City Mt. Wilson | | | f death occurred in a hospital or institution, give its NAME instead of street | and number) |
| Length of residence in city or town w | nere death occurred | 1 yrs 2 mos | s | mosds. |
| | ire Willi. | | Born in Pennsylvania | |
| (a) Residence: No. 2631 | Pennsylva | nia Ave. | St. Ward. Baltimore, Md. | |
| | (Usuai place | | If nonresident give city or town | |
| PERSONAL AND STATI | | | MEDICAL CERTIFICATE OF DEAT | H |
| Female White | OR DIVORCE | RRIED, WIDOWED, D (write the word) Pied | 21. DATE OF DEATH July 22nd (Month) (Dey) | 1932 • (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | | | 20 LUEDEDY GEDTLEY THAT | |
| (or) WIFE of JO | hn J. Wil | liams | 22. I HEREBY CERTIFY, That I etter May 20th, 19 31 to July 22 | |
| 6. DATE OF BIRTH (month, day, and year) | Unknown | | last saw h er alive on July 22nd, 19 | |
| 7. AGE Years Month | | If LESS than | to have occurred on the date stated above, a6 . 55 Am. | erry descrits seru |
| 42 ? | ? | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 8. Trade, profession, or particular | | | were as follows: | Date of onset |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc | Housew | ife | Pulmonary Tuberculosis | Dec. |
| kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and | | | 1929 | |
| 10. Date deceased last worked et this occupation (month and year) | 11. Total 1 spe occ | time (years) ent in this upation | | |
| PIRTURE ACT (either forms) | | | Other Contributary Causes of importance: | |
| (State or country) Penn | sylvania. | | None | |
| 13. NAME Patrick L | eonard | | | |
| 14. BIRTHPLACE (city or town) | ? | | Name of operation No operation Date | |
| (State or country) Ir | eland. | | W man and | an autopsy? No |
| 15. MAIDEN NAME Margar | et O'Hara | | 23. I dearn was due to external causes (VIOLENCE) fill in also the follo | |
| 15. MAIDEN NAME Margar 16. BIRTHPLACE (city or town) | ? | | Accident, suicide, or homicide? Date of injury | |
| (State or country) Pe | nnsylvani | a | Where did injury occur? | |
| 17. INFORMANT Louis A. Schuerholy (Address) Mt. Wilson, Md. | | | (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC | State) C PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | | | Manner of injury | |
| Place altowner Ja Date July 24, 1934 | | | Nature of injury | |
| 19. UNDERTAKER Wine Coo | a o | | 24. Wes disease or injury in any way related to occupation of deceased | , No |
| (Address) / - 17 SA | Poul | 1 | If so, specify | +1 |
| 20 EUED Jul 221 1037 | ES MACK | al | (Signed) DMM (.) Tuu | M M.D. |
| 20. FILED 142 200, 195 t 6 0 /04 /0009 | | | Address Mt. Wilson Md. | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

| | who had no occupation whatever write none. |
|--|---|
| iate terms, as servant-private family, cook-hotel, etc. For a person | however, designate the occupation by the appropr |
| 10 Cuestion 9. For a person engaged in domestic service for wages, | Towars hi omod nwo bas 8 noitzou ot roware ni |
| MUOSE ONLY OCCUPATION WAS that of home housework, wille housewire | returned as at school or at home. For a woman |
| parion prior to retirement. Unidien not gainlung emproyed may be | cased had retired from business, report the occu- |
| IN INIS SECTION TOF EVERY PERSON aged to years of over. It the de- | various pursuits can be known. Make some entry |
| of occupation is very important, so that the relative healthfulness of | Statement of occupation.—Precise statement |

AUG 2 1932 BUREAU V.S.

To be complete, an occupation return must state:

9.--The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

11.-The number of years the deceased followed the occupation. 10.—The month and year the deceased last worked at the occupation.

In stating the industry or dusiness, avoid the use of such general terms as "store," "factory," "mill," etc. State out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, it any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the should be called a salesman and not a clerk.

| Other contributory causes of importance: Gallstones | 8261,1 yo M | Other contributory causes of importance: Gastroenteritis | nog I |
|--|-------------------|---|---------------|
| Cerebral hemorrhage | 1261,8 <i>կևև</i> | Perdondis | obv shup g |
| Chronic interstitial nephritis | 1261 | Run over by street car | I week ago |
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | 1910 To ested | of importance were as follows: | Date of onset |
| Example 1 | | Example II | |

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

07577

| 1. PLACE OF DEATH | 23 37/ |
|---|---|
| County Baltimore | Registration Dist, No. |
| Village or City Mount Wilson | Mt. Wilson Branch, Maryland No. Tuberculosis Sanatorium St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurred O yrs, 4 mos | ds. How long in U.S. if of foreign birth? yrs mosds. |
| 2. FULL NAME John R. Wilson | Born in Baltimore Maryland. |
| (a) Residence: No. 707 Northern Parkway | o Was Poltimore Meruland |
| (a) Residence: No. 101 MOI GITOII Falkway (Usual place of abode) | St., Ward Baltimore Maryland. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed Widowed | 21. DATE OF DEATH July IOth (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of Frieda D. Wilson | February 22nd 32 July 10th. 1932. |
| 6. DATE OF BIRTH (month, day, and year) August 6th. 1900. | last saw im alive on July 10th ,182.; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, a 2. I OA .m. |
| 31 11 4 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Inspector SAWYER, BOOKKEEPER, etc. | |
| SAWYER, BOOKKEEPER, etc. TISDECTOF | Pulmonary Tuberculosis. Octo- |
| kind of work done, as SPINNER. Inspector SAWYER, BOOKKEEPER, etc. 9. Industry or business in which State Roads Comwork was done, as SIŁK MILL, mission. SAW MILL, BANK, etc. | ber, |
| D 10 Date deceased last worked at 11 Total time (years) | 1931. |
| this occupe the britishry 1932. spent in the mos . | |
| Baltimore | Other Coutributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Maryland. | None |
| # 13. NAME James R. Wilson | |
| F Reltimore | Name of operation Date of |
| [State of country] Maryland. | |
| 15. MAIDEN NAME Valetta Stewart | What test possinged diseases A-ray and tuber an autopsy? NO |
| Baltimore | 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide? |
| 16. BIRTHPLACE (city er town) Baltimore (State or country) Maryland. | Where did injury occur? |
| | (Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT LOUIS Schuerholz (Address) Mount Wilson Md. | Specify whether injury occurred in INDUSTRY, in NOME, of In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Placedon Car Rem, Octo July 12, 1932 | Nature of injury |
| m lall-ele | 24. Was disease or injury in any way related to occupation of deceased? NO |
| 19. UNDERTAKER! Alphaelia (Address) GJ 7 N. Broodway | If so, specify |
| 011 12 22 65 1000 | (Signed) to try (1. Auth M.O. |
| 20. FILED WAY (0, 193 L G (Registrar. | Address Monay |
| | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | 4 | | | |

| STATE OF DEATH | MARYLAND- | CERTIFICATE OF DEATH |
|---|---|--|
| | 7.5 | (12.2-8) |
| County Village or City Cultures | 200 114 | No. 114 Beauwit WE St. V |
| 0 / | | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence inecity or town where death 2. FULL NAME (a) Residence: No. 1 / 4 / Bea PERSONAL AND STATISTICA | (1). 7/1/1/H | Committee of the control of the cont |
| 2. FULL NAME CONTROL (a) Residence: No. 1 / 4 Bea | umout ave | St. Ward. |
| | (Usual place of abode) | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| TABEX 4. COLOR OR RACE \$5. | SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Male Whele | OR DIVORCED (write the world) | (Month) (Day) (Yea |
| 5a. If married, widowed, or divorced HUSBAND of | | 22. I HEREBY CERTIFY That I attended deceased |
| (or) WIFE of | | July 20 ,19 2 to July 29 ,195 |
| 6. DATE OF BIRTH (month, day, and rear the | 27,1932 | last saw have alive on July 19 1, 19 27; death is |
| 7. AGE Years Months | Days If LESS than 1 day, | to have occurred on the date stated above, at |
| 8 Trade, profession, or particular | , 01 | were as rousews: |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and | one | mestered bostrackon for |
| work was done, as SILK MILL, SAW MILL, BANK, etc | | Proncho Men monia 7-1 |
| 0 10. Date deceesed last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) | 4 | Other Contributory Causes of importance: |
| (State or country) | y land | |
| 13. NAME 114. BIRTHPLACE (city or town) | Wille | 20.00 |
| 2 14. BIRTHPLACE (city or town) (State or country) | ory land | What test confirmed diagnosis? Clu Fund Washire an autopsy? |
| I 15. MATDEN PANE & W. W. | uderotte | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MATDEN MANE Q Q . U . L . L . L . L . L . L . L . L . L | 1 ary land | Accident, suicide, or homicide? Date of Injury, 19 |
| 1/14/0 | III | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT WILLIAM CONTROL OF | Catornelle | |
| 18. BURIAL, CREMATION, OR REMOVAL COM | Date luly 30 1933 | Menner of injury |
| 19. UNDERTAKER Soctors Dou | d'i | Nature of injury 24. Was disease or injury in any way related to opcupation of deceased? |
| 19. UNDERTAKER (Address) | all Och | If so, specify |
| 20. FILED 7/29 , 1932 Alg | augress | (Signed) aug 177000 |
| If mar blan | Registrar. | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of cpilepsy | Date of onset | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

ż

| L. PLACE O | F DEATH | | | 23 | 1 |
|---------------------------------|---|------------------|------------------|--|-------------|
| County | Hallin | NL | | Registration Dist. No. 4 | 1 |
| Village or (| city Megsuri | lle | | No | War |
| Length of res | sidence in city or town where | death occurred / | 4 vrs mos | death occurred in a hospital or institution, give its NAME instead of street and num | |
| | | 41 lite. | 115 t | 1) 11/14 | |
| 2. FULL NA | () () | 11 7/2 | | JO Y LIVE | |
| (a) Resider | nce: No. | Usual place | of abode) | A., Ward. If nonresident give city or town and State | te |
| PERSON | NAL AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| SEX | 4. COLOR OR RACE | | RIED, WIDOWED. | 21. DATE OF DEATH | 113 |
| Mary | celetu | | (write the word) | (Month) (Day) | (Year) |
| If married, widow HUSBAND of | wed, or divorced | / | | | |
| (or) WIFE of | | | | 22. I HEREBY CERTIFY, That I attended dece | eased fr |
| DATE OF RIDTH | (month, day, and year) | 141014- | -1893 | I last saw han alive on July 5 , 1937; de | , 1922 |
| | ars Months | Days | If LESS than | to have occurred on the date stated above, at 10:10 Cours | 50(II 12 34 |
| , 5 | 38 10 | 28 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8. Trade, profe | ssion, or particular | 10, | 101 | De la contraction de la contra | ate of ons |
| | work dona, as SPINNER, t, BOOKKEEPER, etc. | aboves | <u> </u> | N | |
| 9. Industry or work wa | businass in which is dona, as SILK MILL, LL, BANK, etc. | Fary | 1- | Luliushang Lurrauthe | 1 — |
| | LL, BANK, etc. | 11 Total ti | me (vears) | | |
| this occu | ipation (month and / 🗸 🤻 | spen occu | me (years) 14 | | |
| DIDTIIDI LOD (| Mas | Time | / | Other Cantributary Causes of Importance: | |
| BIRTHPLACE (ci (State or cou | | | gred_ | | |
| 13. NAME | on olive | U W | ilir | | |
| 14. BIRTHPLACI | F (city or town) | | / | Name of operation Date of | |
| | r country) | my reu | 196 | Name of operation Date of What test confirmed diagnosis? Was there an autor | nev? |
| 15. MAIDEN NA | ME Ella 7 | Line | rud | 23. If death was due to external causes (VIOLENCE) fill in also the following: | , |
| 16. BIRTHPLACE | E (city or town) | 4.1.1 | | Accident, suicide, or homicide? Date of Injury | . 19 |
| | r country) | yeur | 90 | Where did injury occur? | |
| INFORMANT | my O ce | eplin | | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| (Address) | Kw | gevelle | wa | | |
| | TION, OR REMOVAL | - Jul | 415 .32 | Manner of injury | |
| Place_ | Anna Co. | Date | 7. 7. 7. , 195 | Nature of injury | 4 |
| UNDERTAKER | 120 7 100 | wall. | 1 | 24. Was disease or injury in any way related to occupation of deceased? | 0 |
| (Address) | 1237 HER | Leng V | 4 | If so, specify | |
| FILED. | 4/2,1932.7.4 | A Regions | make | (Signed) | M. |
| | | | Registrar. | (Address) | /1/ |

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example 1 | i i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy . A . A . A . A . A . A . A . A . A . | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis 1861 6 011 | 3 days ago |
| | | NECEL ALE | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR F | URTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-------|--------|------------|----|-----------|
| | | | | | | |

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 0 | 1 | E | 0 | 1 | 1 |
|-----|---|---|---|---|---|
| 0.3 | ŕ | U | | 1 | 7 |

| 1. PLACE OF DEATH | 93-20 | |
|--|---|------------------|
| County Daltimore | Registration Dist. No. | |
| Village or City Catonarlle | NoSt., | Ward |
| Length of residence in city or town whare death occurred 85 yrs. 9 n | (If death occurred in a hospital or institution, give its NAME instead of street and number nos | r) ds. |
| 2. FULL NAME Louis a young | | |
| (a) Residence: No. 1/2 Oakdalle Que | St Ward. | |
| (a) Residence: No. 77 2 Coare a during (Usual place of abode) | St., ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH July / 0 193 | 2_ |
| 5a. If married, widowad, or divorcad | (Month) (Oay) (| Yaar) |
| HUSBANO of John W. Young St. | 22. July 9 193 - to July 10 | sed from 9≩.2 |
| 6. DATE OF BIRTH (month, day, and year) Sept 19. 1848 | I last saw her alive on July 10 ,193 1; deat | h is said |
| 7. AGE Years Months Oays If LESS than | | |
| 83 / / ormin. | wars as follows: | ofonset |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | 4. 1.7. | 37 |
| | Orterio - Selevous | 3.1 |
| 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc | | F |
| O 10. Oate decaased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (city or town) Catousville | Other Coatributory Canses of importance: | |
| (State or country) Baltimore Co. Ind | Coronary Thrombsosios 7/ | 4/32 |
| 13. NAME august Pachman | | 1 d = F |
| 13. NAME August Poehman 14. BIRTHPLACE (ally or town) Jermany (State or country) | Nama of operation Date of What tast confirmed diagnosis? Clinical frudewwas there an autops) | v? - |
| 15. MAIOEN NAME Tenknown | 23. If daath was due to axternal causes (VIOLENCE) fill in also the following: | |
| 16. BIRTHPLACE (city or town) germany | Accident, suicide, or homicide?Oata of injury,1 | 19 |
| State or country) | Whara did Injury occur? (Specify city or town, county and State) | |
| 17. INFORMANT BUTTHA D. Soull | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of Injury | |
| Place Loudon Pk. Date Self 12, 193 | 2- Nature of injury | |
| 19. UNDERTAKER W. M. Loutson (Addrass) 22 3 8 W. Mostly and | 24. Was disaase or injury in any way related to occupation of daceased? 400 | |
| 20. FILEO 7/1/ 19 All Malles Registrar. | (Signed) With orbert toll (Addrass) 20 S. Pres ton St. | M. D. |
| If more blanks are needed, address State Registr | ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year